		Filing Fee \$75.00	
LIN	IITED LIABILITY COMPANY		
	STATE OF MAINE		
CERTI	FICATE OF CANCELLATION (for a Maine LLC)		
	(for a mane LLC)	Deputy Secretary of State	
		A True Copy When Attested By Signature	
	(Name of Limited Liability Company)	Deputy Secretary of State	
Pursuant to 31	MRSA §1533.2, the undersigned hereby executes a	and delivers the following certificate of cancellation:	
FIRST:	The date the limited liability company's origina	l certificate of formation was filed:	
SECOND:	The limited liability company is dissolved and the date of dissolution (if known) is:		
THIRD:	THIRD: The effective date of the cancellation shall be (Please check one):		
	the date of filing of this certificate or		
	the future effective date as follows:		
		, the limited liability company shall be removed from the active e Secretary of State on the effective date.)	
FOURTH:	Any other information the person filing the ce attached and made a part hereof.	rtificate of cancellation determines necessary, if any, is set forth in Exhibit	
*Authorized Signature(s)		DATED	
	(signature)	(type or print name and capacity)	
	(signature)	(type or print name and capacity)	

Pursuant to 31 MRSA §1676.1.B or 31 MRSA §1676.1.C, this document **MUST be signed by a person authorized by the limited liability company or if filed on behalf of a dissolved limited liability company that has no members, this document must be signed by the person winding up the limited liability company's activities under 31 MRSA §1597.1 or a person appointed under section 31 MRSA §1598.2.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:	Secretary of State		
	Division of Corporations, UCC and Commissions		
	101 State House Station		
	Augusta, ME 04333-0101		
	Telephone Inquiries: (207) 624-7752	Email Inquiries: CEC.Corporations@Maine.gov	

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:				
Optional special handling request(s): (check or	nly if applicable)			
\Box Hold attested copy for pick up (will be	be required to pick up at our office in Augusta, Maine)			
□ 24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity			
Immediate expedited filing (same bu	siness day): \$100 additional filing fee per entity			
NOTE: Only one expedite fee is required if filing	g multiple documents for the <u>same entity/charter number</u> at the same tim			
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.			
Total fee(s)) enclosed: \$			
(Name of contact person)	(Daytime telephone number)			
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)			
Name and address of person to return the attest	red copy of the completed filing:			
(Nar	me of attested copy recipient)			
	(Firm or Company)			
	(Mailing Address)			
	(City, State & Zip)			
	(Firm or Company) (Mailing Address) (City, State & Zip) nd telephone number or email address will result in any e			

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to: Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS Department of the Secretary of State Corporations, UCC and Commissions 111 Sewall Street, 4th Floor Augusta, ME 04330