

Filing Fee \$20.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

TERMINATION OF STATEMENT OF INTENTION TO TRANSACT BUSINESS UNDER AN ASSUMED OR FICTITIOUS NAME (for Maine or Foreign LLC)

Deputy Secretary of State
A True Copy When Attested By Signature
Deputy Secretary of State

(Name of Maine or Foreign Limited Liability Company)

Pursuant to 31 MRSA §1510.7, the undersigned limited liability company executes and delivers the following Termination of Statement of Intention to Transact Business Under an Assumed or Fictitious Name:

FIRST: The limited liability company no longer intends to transact business under an assumed or fictitious name.

SECOND: The limited liability company intends to terminate the assumed or fictitious name of

Authorized Person(s):*

DATED

(signature)

(type or print name and capacity)

(signature)

(type or print name and capacity)

*Pursuant to 31 MRSA §1676.1B, this statement MUST be signed by a person authorized by the limited liability company.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, section 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

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)