

Filing Fee \$20.00

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

TERMINATION OF STATEMENT OF INTENTION TO DO BUSINESS UNDER AN ASSUMED OR FICTITIOUS NAME

\_\_\_\_\_

Deputy Secretary of State

---

**A True Copy When Attested By Signature**

\_\_\_\_\_

Deputy Secretary of State

\_\_\_\_\_  
(Real Name of Limited Liability Partnership)

Pursuant to 31 MRSA §805-A.8, the undersigned limited liability partnership executes and delivers the following Termination of Statement of Intention to do Business Under an Assumed or Fictitious Name:

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

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

\_\_\_\_\_

**PARTNER(S)\***

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**For Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

\*Certificate **MUST** be signed by at least one **partner** (§826.1.B and §860.1).  
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 FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## 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)