### LIMITED PARTNERSHIP

### **STATE OF MAINE**

## STATEMENT OF TERMINATION **OF AN ASSUMED OR FICTITIOUS NAME**

(Real Name of Limited Partnership)

Pursuant to 31 MRSA §1308.2.I or 31 MRSA §1415.7, the undersigned limited partnership executes and delivers the following Statement of Termination of an Assumed or Fictitious Name:

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

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

DATED \_\_\_\_\_ **GENERAL PARTNER(S)\*** (signature) (type or print name) For General Partner(s) which are Entities Name of Entity \_\_\_\_\_ By \_\_\_\_\_ (authorized signature) (type or print name and capacity) \*Statement MUST be signed by at least one general partner. (31 MRSA §1324.1.J or 31 MRSA §1324.1.M).

The execution of this statement 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 |

Filing Fee \$20.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

# **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 b   | be required to pick up at our office in Augusta, Maine)  |  |  |
| □ 24-hour expedited filing (next busine   | ess day) service: <b>\$50</b> additional filing fee per entity   |  |  |
| Immediate expedited filing (same but  | siness day): <b>\$100</b> additional filing fee per entity   |  |  |
| <b>NOTE:</b> Only one expedite fee is required if filing                                      | multiple documents for the <u>same entity/charter number</u> at the same time  |  |  |
| 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   | ed copy of the completed filing:   |  |  |
| (Nar  | me of attested copy recipient)   |  |  |
|   | (Firm or Company)  |  |  |
|   | (Mailing Address)  |  |  |
|   | (City, State & Zip)  |  |  |
|   | (Firm or Company)<br>(Mailing Address)<br>(City, State & Zip)<br>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, 4<sup>th</sup> Floor Augusta, ME 04330