

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

CERTIFICATE OF RENUNCIATION

(Name of Limited Liability Partnership)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §825](#), the undersigned partnership renounces its status as a limited liability partnership, without affecting its existence as a partnership except if so noted below, and executes and delivers for filing this certificate of renunciation:

FIRST: The date of filing of its certificate of limited liability partnership was _____

SECOND: The reason for filing the certificate of renunciation is

THIRD: The future effective date or time of renunciation, which must be a date or time certain, if it is not to be effective upon the filing of the certificate _____

FOURTH: Other information, if any, that the person filing the certificate of renunciation determines to be necessary is set forth in Exhibit ____ attached hereto and made a part hereof.

DATED _____

Authorized Signature(s)*

(signature)

(type or print name and capacity)

(signature)

(type or print name and capacity)

(signature)

(type or print name and capacity)

For Authorized Signature(s) on behalf of Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by

- (1) if the partners are winding up the registered limited liability partnership's affairs, then by the **contact partner** or by a **majority in interest of the partners OR**
- (2) if the partners are not winding up the registered limited liability partnership's affairs, then by **all liquidating trustees OR**
- (3) any duly authorized person.

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 Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

- ☐ Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- ☐ 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- ☐ Immediate expedited filing (same business day): **\$100** additional filing fee per entity

NOTE: Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

Payment can be made by check or money order (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

(Name of attested copy recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

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
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330