### LIMITED LIABILITY PARTNERSHIP

#### STATE OF MAINE

# NONCOMMERCIAL REGISTERED AGENT

### STATEMENT OF RESIGNATION

Filing Fee \$35.00		
	Deputy Secretary of State	
A True	Copy When Attested By Signature	
A Hue	copy when Attested by Signature	
	Demote Secondaria of State	
	Deputy Secretary of State	

(Name of Limited Liability Partnership as it appears on the records of the Secretary of State)

Pursuant to 5 MRSA §111, the undersigned noncommercial registered agent executes and delivers the following statement of resignation from serving as agent for service of process for this limited liability partnership:

FIRST:	The name and address of the resigning noncommercial re State's office:	egistered agent as it appears on the record in the Secretary of	
	(name of current noncommercial registered agent) (physical street address, city, state and zip code – as it appears on the record)		
(insert name)			
at(mailing address	s including zip code)		
	the	of the limited liability partnership	
	(title of person notified)		
Dated			
	-	(signature of noncommercial registered agent)	
	-	(type or print name)	

Pursuant to 5 MRSA §111.3, the registered agent shall promptly furnish the represented entity notice in a record of the date on which a statement of resignation was filed.

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 o	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 busin	ness day) service: <b>\$50</b> additional filing fee per entity	
Immediate expedited filing (same by	usiness day): <b>\$100</b> additional filing fee per entity	
NOTE: Only one expedite fee is required if filin	g multiple documents for the <u>same entity/charter number</u> at the same tin	
Payment can be made by check or money ord obtain a credit card voucher at https://www.main	ler (payable to Maine Secretary of State) or by credit card. You may ne.gov/sos/cec/forms/credit.pdf.	
Total fee(s	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 attes	sted copy of the completed filing:	
(Na	ame of attested copy recipient)	
	(Firm or Company)	
	(Mailing Address)	

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