LIMITED PARTNERSHIP		
STATE (	<b>DF MAINE</b>	
STATEMENT OF WITHDRAWAL OF A LIMITED PARTNER		Deputy Secretary of State
		A True Copy When Attested By Signature
(Name of Lin	nited Partnership)	Deputy Secretary of State
Pursuant to 31 MRSA §1346.1	.B, the undersigned limited partner exec	cutes and delivers the following Statement of Withdrawal:
<b>FIRST:</b> The limited partnership.	partner named herein withdraws from	n future participation as an owner from the above named limited
	(Name of Limited Partn	her)
Dated		
Limited Partner*		
(signature)		(type or print name)
For Limited Partner(s) which	are Entities	
Name of Entity		
By (authorized signature)		(type or print name and capacity)
*Certificate <b>MUST</b> be signed	by the person withdrawing as a limited	partner. (31 MRSA §1324.1.L)
The execution of this application	on constitutes an oath or affirmation unc	ler the penalties of false swearing under 17-A MRSA §453.
Please remit your payment mad	le payable to the Maine Secretary of Sta	ite.
Submit completed form to:	Secretary of State Division of Corporations, UCC 101 State House Station Augusta, ME 04333-0101 Telephone Inquiries: (207) 624-7	

Filing Fee \$35.00

## **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 <u>same entity/charter number</u> 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)

(Contact email address for *this* filing)

(Email address to use for annual report reminders)

(Daytime telephone number)

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