

**DOMESTIC  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**STATEMENT OF TERMINATION**

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

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [31 MRSA §1323](#), the undersigned limited partnership executes and delivers the following Statement of Termination:

**FIRST:** The date the original certificate of limited partnership was filed: \_\_\_\_\_

**SECOND:** Any other information as determined by the general partners filing this statement or by a person appointed pursuant to [31 MRSA §1393, sub-§3 or 4](#), if any, are set forth in Exhibit \_\_\_\_\_ attached hereto and made a part hereof.

**General Partner(s) \*\***

**Dated** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

\*This statement **MUST** be signed by ALL **general partners** listed in the certificate or by the person appointed pursuant to [31 MRSA §1393, sub-§3 or 4](#) to wind up the dissolved limited partnership's activities. ([31 MRSA §1324.1.G](#))

The execution of this application 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](mailto:CEC.Corporations@Maine.gov)

## 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):

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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.

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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)