

Filing Fee \$75.00

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

STATEMENT OF TERMINATION

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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(Name of Limited Partnership)

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

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):

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.

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)