

Filing Fee \$35.00

**FOREIGN  
BUSINESS CORPORATION**

**STATE OF MAINE**

**NONCOMMERCIAL REGISTERED  
AGENT**

**STATEMENT OF RESIGNATION**

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

**A True Copy When Attested By Signature**

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

\_\_\_\_\_  
(Name of Corporation)

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 corporation:

**FIRST:** The name and address of the resigning noncommercial registered agent as it appears on the record in the Secretary of State's office:

\_\_\_\_\_  
(name of current noncommercial registered agent)

\_\_\_\_\_  
(physical street address, city, state and zip code – as it appears on the record)

**SECOND:** The name and address of the person to which the noncommercial registered agent will send the required notice to:

\_\_\_\_\_  
(insert name)

at \_\_\_\_\_  
(mailing address including zip code)

the \_\_\_\_\_ of the corporation.  
(title of corporate officer)

**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](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)