

Filing Fee \$75.00

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

CERTIFICATE OF RENUNCIATION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Partnership)

Pursuant to [31 MRSA §825](#), the undersigned partnership renounces its status as a limited liability partnership, without affecting its existence as a partnership except if so noted below, and executes and delivers for filing this certificate of renunciation:

FIRST: The date of filing of its certificate of limited liability partnership was _____

SECOND: The reason for filing the certificate of renunciation is

THIRD: The future effective date or time of renunciation, which must be a date or time certain, if it is not to be effective upon the filing of the certificate _____

FOURTH: Other information, if any, that the person filing the certificate of renunciation determines to be necessary is set forth in Exhibit ____ attached hereto and made a part hereof.

DATED _____

Authorized Signature(s)*

(signature)

(type or print name and capacity)

(signature)

(type or print name and capacity)

(signature)

(type or print name and capacity)

For Authorized Signature(s) on behalf of Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by

- (1) if the partners are winding up the registered limited liability partnership's affairs, then by the **contact partner** or by a **majority in interest of the partners OR**
- (2) if the partners are not winding up the registered limited liability partnership's affairs, then by **all liquidating trustees OR**
- (3) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

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)