

**Filing Fee \$90.00**

**FOREIGN  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**NOTICE OF CANCELLATION  
OF CERTIFICATE OF AUTHORITY  
TO TRANSACT BUSINESS**

\_\_\_\_\_  
(Name of Limited Partnership in Jurisdiction of Organization)

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

**A True Copy When Attested By Signature**

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

Pursuant to [31 MRSA §1417](#), the undersigned foreign limited partnership executes and delivers the following Notice of Cancellation of Certificate of Authority to Transact Business in the State of Maine:

**FIRST:** The fictitious name, if any, of the limited partnership under which the limited partnership applied for authority to transact business in this State because its real name was not available is:

\_\_\_\_\_

**SECOND:** The jurisdiction of its organization is \_\_\_\_\_

The date of organization is \_\_\_\_\_

**THIRD:** The date on which it was authorized to transact business in the State of Maine is \_\_\_\_\_

**FOURTH:** The street and mailing address of the foreign limited partnership's principal office is:

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FIFTH:** The street and mailing address of the foreign limited partnership's required\* office is:

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**SIXTH:** The limited partnership is not, as of the date of this notice, doing business in Maine and hereby cancels its certificate of authority to transact business in this State.

**SEVENTH:** The foreign limited partnership appoints the Secretary of State as its agent for service of process for rights of action arising out of the transaction of business in this State.

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

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

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

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

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

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

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

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

---

\*Provided only if the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction.

\*\*Application **MUST** be signed by at least one **general partner** of the foreign limited partnership. ([31 MRSA §1324.1.M](#))

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 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)

## 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 **same entity/charter number** 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)

---

(Daytime telephone number)

---

(Contact email address for ***this*** filing)

---

(Email address to use for annual report reminders)

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](mailto: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  
111 Sewall Street, 4<sup>th</sup> Floor  
Augusta, ME 04330