

Filing Fee \$20.00

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**STATEMENT OF TERMINATION  
OF AN ASSUMED OR  
FICTITIOUS NAME**

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

Pursuant to [31 MRSA §1308.2.I](#) or [31 MRSA §1415.7](#), the undersigned limited partnership executes and delivers the following Statement of Termination of an Assumed or Fictitious Name:

**FIRST:** The limited partnership no longer intends to transact business under an assumed or fictitious name.

**SECOND:** The limited partnership intends to terminate the assumed or fictitious name of \_\_\_\_\_.

**GENERAL PARTNER(S)\***  
\_\_\_\_\_  
(signature)

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

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

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

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

\*Statement **MUST** be signed by at least one **general partner**. ([31 MRSA §1324.1.J](#) or [31 MRSA §1324.1.M](#)).

The execution of this statement 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)