

Filing Fee \$75.00

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

STATEMENT OF TERMINATION

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <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