

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**

## 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