PARTNERSHIP

STATE OF MAINE

STATEMENT OF DISSOLUTION

	Deputy Secretary of State	
А	True Copy When Attested By Signature	

Deputy Secretary of State

Pursuant to 31 MRSA §1085, the undersigned partner who has not wrongfully dissociated executes and delivers the following Statement of Dissolution:

Filing Fee \$75.00

 FIRST:
 The name of the partnership is ______

SECOND: The above named partnership has dissolved and is winding up its business.

THIRD: The undersigned declares under penalty of perjury that the contents of this statement are accurate.

Dated _____

Partner(s)*

(signature)

(type or print name)

For Partner(s) which are Entities

Name of Entity _____

By _____

(authorized signature)

(type or print name and capacity)

*Statement MUST be signed by a partner (31 MRSA §1005.3)

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.

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		
	Division of Corporations, UCC and Co 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 or	nly if applicable)			
\Box Hold attested copy for pick up (will be	be required to pick up at our office in Augusta, Maine)			
☐ 24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity			
Immediate expedited filing (same bu	siness day): \$100 additional filing fee per entity			
NOTE: Only one expedite fee is required if filing	g multiple documents for the <u>same entity/charter number</u> at the same tim			
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.			
Total fee(s)) enclosed: \$			
(Name of contact person)	(Daytime telephone number)			
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)			
Name and address of person to return the attest	red copy of the completed filing:			
(Nar	me of attested copy recipient)			
	(Firm or Company)			
	(Mailing Address)			
	(City, State & Zip)			
	(Firm or Company) (Mailing Address) (City, State & Zip) nd telephone number or email address will result in any e			

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or 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, 4th Floor Augusta, ME 04330