

Filing Fee \$40.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

CERTIFICATE OF EXCUSE

(for a Maine LLC)

<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 Maine Limited Liability Company)

Pursuant to [31 MRSA §1665.5](#), the undersigned domestic limited liability company executes and delivers the following Certificate of Excuse:

FIRST: The Maine limited liability company has ceased to transact business.

SECOND: The Maine limited liability company is not indebted to this State for failure to file an annual report and to pay any fees or penalties accrued. If the excuse process is completed on or before June 1st, then the Annual Report covering the previous calendar year is not required.

DATED _____

***By** _____
(authorized signature)

(type or print name and capacity)

NOTE: The excuse is effective upon acceptance by the Office of the Secretary of State. The name of the excused limited liability company remains in the office of the Secretary of State's records of entity names and is protected for a period of 5 years following excuse.

***Pursuant to [31 MRSA §1676.1B](#), this certificate **MUST** be signed by a person authorized by the limited liability company.**

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

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):

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.

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)