

LIMITED PARTNERSHIP

STATE OF MAINE

STATEMENT OF DISSOCIATION

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

Pursuant to [31 MRSA §1375.1.D](#), the undersigned general partner executes and delivers the following Statement of Dissociation:

**FIRST:** The general partner named herein is dissociated from the above named limited partnership.

\_\_\_\_\_  
(Name of General Partner)

**Dated** \_\_\_\_\_

**General Partner(s) \***

\_\_\_\_\_  
(signature)

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

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

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

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

\*Certificate **MUST** be signed by the person dissociated as a general partner. ([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](mailto:CEC.Corporations@Maine.gov)