

**Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073
Fax: 302-739-3812**

**Application for Cancellation of Reservation of
Limited Liability Partnership Name**

Dear Sir or Madam:

Enclosed please find an application for cancellation of reservation of a Limited Liability Partnership Name to be filed in accordance with the Uniform Partnership Act of the State of Delaware.

The fee to file the application is \$75.00 to be accompanied with a completed application. Please make your check payable to the “Delaware Secretary of State”. An invoice and copy of your application will be returned for your records.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

encl.
rev. 08/06

**STATE OF DELAWARE
APPLICATION FOR CANCELLATION
OF A NAME RESERVATION FOR A
LIMITED LIABILITY PARTNERSHIP**

**TO THE SECRETARY OF STATE
OF THE STATE OF DELAWARE**

1. WE RESERVED THE FOLLOWING LIMITED LIABILITY PARTNERSHIP
NAME FOR A PERIOD OF 120 DAYS:

2. THE APPLICATION FOR RESERVATION WAS FILED IN YOUR OFFICE
ON _____ DAY OF _____, _____ A.D.
AND EXPIRES ON _____ DAY OF _____, _____ A.D.

PLEASE CANCEL THE RESERVATION.

IT IS OUR UNDERSTANDING THAT THE CHARGE FOR CANCELING
THIS RESERVATION IS \$75.00.

By: _____

Signature of Applicant

Name:

Print or Type