

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

**Application for Transfer of
Limited Liability Partnership Name**

Dear Sir or Madam:

Enclosed please find an application for Transfer 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
LIMITED LIABILITY PARTNERSHIP
NAME APPLICATION
FOR TRANSFER
PURSUANT TO TITLE 6, SECTION 15-109
UNIFORM PARTNERSHIP ACT**

TO THE SECRETARY OF STATE
OF THE STATE OF DELAWARE

PLEASE TRANSFER THE FOLLOWING LIMITED LIABILITY PARTNERSHIP NAME:

(list name to be transferred here)

THE NAME OF THE ORIGINAL APPLICANT OF THE NAME RESERVATION IS:

FOR THE EXCLUSIVE PERIOD OF 120 DAY PURSUANT TO THE PROVISIONS OF
TITLE 6, SECTION 15-109 OF THE DELAWARE CODE, THE UNDERSIGNED BEING THE
PERSON INTENDING TO FORM A LIMITED LIABILITY PARTNERSHIP AND ADOPT
THE ABOVE TRANSFERRED NAME, HEREBY EXECUTES THIS APPLICATION THIS

DAY OF

A.D.

NAME AND ADDRESS OF APPLICANT TO WHOM THE NAME IS BEING
TRANSFERRED TO:

BY: _____
Authorized Person(s)

Name: _____
Print or Type Name