

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

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

Dear Sir or Madam:

Enclosed please find an application for Reservation of Limited Liability Partnership Name to be filed in accordance with the Limited Liability 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 RESERVATION OF
LIMITED LIABILITY PARTNERSHIP NAME
PURSUANT TO TITLE 6, SECTION 15-109
OF THE DELAWARE CODE**

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

1. NAME AND ADDRESS OF APPLICANT: (if reserving for a company or firm, please list that first and list the individual reserving for such as the attention person)

2. PURSUANT TO THE PROVISIONS OF TITLE 6, SECTION 15-109 OF THE DELAWARE CODE, THE UNDERSIGNED HEREBY APPLIES \$75.00 FOR RESERVATION OF THE FOLLOWING LIMITED LIABILITY PARTNERSHIP NAME FOR A PERIOD OF 120 DAYS:

By: _____
Signature of Applicant

Name: _____
Print or Type