

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

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

Dear Sir or Madam:

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

TO THE SECRETARY OF STATE  
OF THE STATE OF DELAWARE

PLEASE RE-RESERVE THE FOLLOWING LIMITED LIABILITY PARTNERSHIP NAME:

(list name to be re-reserved here)

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 RE-RESERVED NAME, HEREBY EXECUTES THIS APPLICATION THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_,  
\_\_\_\_\_ A.D.

NAME AND ADDRESS OF APPLICANT: (please be sure that the name and address of the  
applicant match the original name reservation)

BY: \_\_\_\_\_  
Signature of Applicant

Name: \_\_\_\_\_  
Print or Type Name