

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
Partnership Name**

Dear Sir or Madam:

Enclosed please find an application for cancellation of reservation of a Partnership Name to be filed in accordance with the 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 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. 02/19

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

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

1. WE RESERVED THE FOLLOWING 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.

3. NAME AND ADDRESS OF APPLICANT:

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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