

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

**Application for Transfer of Reservation  
Of Limited Liability Company Name**

Dear Sir or Madam:

Enclosed please find an application for Transfer of Reservation of Limited Liability Company to be filed in accordance with the Limited Liability 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 TRANSFER OF  
LIMITED LIABILITY COMPANY NAME  
PURSUANT TO TITLE 6, SECTION 18-103  
OF THE DELAWARE CODE**

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

1. NAME AND ADDRESS OF APPLICANT:

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

3. NAME AND ADDRESS TO WHOM THE NAME IS BEING TRANSFERRED:

By: \_\_\_\_\_  
Signature of Applicant

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