

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

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

Dear Sir or Madam:

Enclosed please find an application for cancellation of reservation 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 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  
LIMITED LIABILITY PARTNERSHIP**

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

1. WE RESERVED THE FOLLOWING LIMITED LIABILITY 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