

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

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

Dear Sir or Madam:

Enclosed please find an application for Cancellation of a Name Reservation of Limited Partnership Name to be filed in accordance with the Uniform Limited 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 LIMITED
PARTNERSHIP
NAME RESERVATION**

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

1. WE RESERVED THE FOLLOWING LIMITED PARTNERSHIP NAME FOR A PERIOD OF 120 DAYS:

2. THE APPLICATION FOR RESERVATION WAS FILED IN YOUR OFFICE ON THE _____ DAY OF _____, _____ A.D. AND EXPIRES ON THE _____ DAY OF _____, _____ A.D.

3. NAME AND ADDRESS OF APPLICANT

PLEASE CANCEL THIS RESERVATION.

IT IS OUR UNDERSTANDING THAT THE CHARGE FOR CANCELING THE RESERVATION IS \$75.00.

Signature of Applicant

Print or Type Name