

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

**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