

State of Tennessee



Department of State  
Corporate Filings

312 Rosa L. Parks Avenue  
6<sup>th</sup> Floor, William R. Snodgrass Tower  
Nashville, TN 37243

APPLICATION FOR CANCELLATION  
OF RESERVATION OF  
LIMITED LIABILITY COMPANY NAME

For Office Use Only

Pursuant to the provisions of § 48-207-102(c) of the Tennessee Limited Liability Company Act or §48-249-107(c) of the Tennessee Revised Limited Liability Company Act, the undersigned hereby submits the following application for cancellation of reservation of name:

1. The reserved name to be cancelled is \_\_\_\_\_  
\_\_\_\_\_

2. The name and address of the applicant or transferee is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Zip Code

Date: \_\_\_\_\_, \_\_\_\_\_

(if applicant/transferee is a limited liability company/partnership/ corporation)

\_\_\_\_\_  
(Name of limited liability company/ partnership/corporation)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Signer's Capacity

(if applicant/transferee is an individual)

\_\_\_\_\_  
Applicant's/Transferee's Signature

\_\_\_\_\_  
Applicant's/Transferee's Name (typed or printed)