

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

NOTICE OF CANCELLATION  
OF RESERVATION OF  
LIMITED LIABILITY PARTNERSHIP  
NAME

For Office Use Only

Pursuant to the provisions of the Tennessee Uniform Partnership Act, Section 61-1-1003(f), the undersigned hereby submits the following notice of 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: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signer's Capacity (if other than individual capacity)