

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 ASSUMED  
LIMITED LIABILITY PARTNERSHIP  
NAME

For Office Use Only

Pursuant to the provisions of the Tennessee Uniform Partnership Act, Section 61-1-1003, the undersigned Limited Liability Partnership hereby submits this application:

1. The true name of the Limited Liability Partnership is: \_\_\_\_\_  
\_\_\_\_\_

2. The state or country of registration is: \_\_\_\_\_  
\_\_\_\_\_

3. The Limited Liability Partnership intends to cease transacting business under an assumed Limited Liability Partnership name by cancelling it. \_\_\_\_\_

4. The assumed Limited Liability Partnership name to be cancelled is: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Limited Liability Partnership

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

\_\_\_\_\_  
Signature

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