

State of Tennessee



Department of State

Corporate Filings

312 Rosa L. Parks Avenue

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

**APPLICATION FOR CHANGE OR
CANCELLATION OF ASSUMED
LIMITED LIABILITY COMPANY NAME**

Filing Fee \$20.00

For Office Use Only

Pursuant to the provisions of §48-207-101(e) of the Tennessee Limited Liability Company Act or §48-249-106(e) of the Tennessee Revised Limited Liability Company Act, the undersigned Limited Liability Company hereby submits this application:

1. The true name of the Limited Liability Company is: _____

2. The state or country of formation is: _____

3. The Limited Liability Company intends to cease transacting business under an assumed Limited Liability Company name by changing or cancelling it;

4. The assumed Limited Liability Company name to be changed from or cancelled is: _____

5. If the assumed name is to be changed, the assumed LLC name which the LLC proposes to use is:

Signature Date

Name of Limited Liability Company

Signer's Capacity

Signature

Name (typed or printed)