



# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

OFFICE USE ONLY  
(label)

## APPLICATION FOR CANCELLATION OF RESERVED NAME DOMESTIC OR FOREIGN - ALL ENTITIES

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

<p><b>FILING PARTY</b> <i>(confirmation of filing will be sent to this address):</i></p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p><b>FILING FEE: \$60.00</b></p> <p><i>Make checks payable to: "Secretary of the State"</i></p>
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**THE UNDERSIGNED HEREBY APPLIES TO CANCEL THE RESERVATION OF THE FOLLOWING NAME:**

**1. RESERVED NAME (required)** *(reserved name must exactly match the reserved name on record with the Secretary of the State, including the business designation, (e.g., Inc., LLC, etc.):*

**2. NAME OF THE APPLICANT (required)** *(name of applicant must match the name of the party under whose name the reservation was filed, exactly as the party's name appears on the records of the Secretary of the State):*

**3. ADDRESS OF APPLICANT: (required)** *(the address of applicant must be the full street address, including the number and street name, city, state and zip code.) (A PO box may be additional information only):*

ADDRESS:

CITY:

STATE:

ZIP CODE:

**4. EXECUTION / SIGNATURE (required)** *(subject to penalty of false statement):*

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_  
(day) (month) (year)

NAME OF APPLICANT (print/type)	CAPACITY/TITLE OF APPLICANT (print name and title if applicable)	SIGNATURE
		