

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

To,

The Registrar of Companies,
[Office Address]

[City, State, Zip Code]

Subject: Application for Registration of Limited Liability Partnership
(LLP)

Dear Sir/Madam,

I, [Your Name], along with my partners [Partner 1 Name], [Partner 2 Name], etc., hereby submit this application for the registration of our Limited Liability Partnership under the Limited Liability Partnership Act, [Year].

The details of the LLP are as follows:

- Name of the LLP: [Proposed Name of LLP]
- LLP Identification Number (if available): [LLPIN]
- Business Address: [Registered Address of LLP]
- Partners' details:
 - [Partner 1 Name, Address, and Designation]
 - [Partner 2 Name, Address, and Designation]
 - [Additional Partners]

We have enclosed the necessary documents as per the LLP registration requirements, including:

1. LLP Agreement
2. Identity and Address proof of all partners
3. Address proof of the registered office
4. Consent of Partners
5. Digital Signature of Designated Partners

We kindly request you to process our application at your earliest convenience. Should you require any further information or clarification, please feel free to contact me at the provided contact details.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Designation/Title]

[Company Name (if applicable)]