

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

To,

[Registrar of Companies]
[Address of the Registrar]
[City, State, ZIP Code]

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

Dear [Registrar's Name],

I, [Your Name], hereby submit this application for the registration of a Limited Liability Partnership (LLP) under the provisions of the Limited Liability Partnership Act, [Year].

Details of the LLP:

1. Name of the LLP: [Proposed Name of LLP]
2. Designated Partners:
 - [Partner 1 Name & Address]
 - [Partner 2 Name & Address]
 - [Additional Partners if any]
3. Registered Office Address: [Office Address of the LLP]
4. Nature of Business: [Brief description of the business activities the LLP will engage in]

Enclosures:

1. LLP Agreement
2. Partner's Consent
3. Proof of Address of the LLP
4. Identification Proof of Partners
5. Any other required documents

I request you to kindly process our application for the registration of the above-mentioned LLP at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Designation, if applicable]