



NONREDACTED

BER TO A
LIMITED LIABILITY PARTNERSHIP
(NOT for termination membership
(use Form LLP296b) or change of
particulars (use Form LLP296c)

LLP Number

NILLP 553

Full Name of Limited
Liability Partnership

Academy of Educational Studies LLP

Date of Appointment

30th September 2009

Date of Birth

10 APRIL 1949

Surname or
Corporate Name

SAWYER

Forename(s)

WILLIAM HERBERT MARTIN

Usual residential Address

7, QUARRY RD

Town

RATHMILHAEL

Postcode

N/A

County

DUBLIN

Country

IRELAND

Designated Member
(please tick appropriate box)

☒ YES

☐ NO

I consent to act as a member of the above named limited liability partnership

Signed

William Sawyer

Date

30/9/09

Another member being a Designated Member must sign

And date the form in the boxes below

Signed

William Sawyer

Date

30.9.09

FOR CS SECRETARIAL SERVICES LTD

THE COMPANY SHOP

79 CHICHESTER STREET

BELFAST BT1 4JE

You do not have to give any contact
information in the box opposite but if
you do, it will help Companies Registry
to contact you if there is a query on the
form. The contact information that you give
will be visible to searchers of the public record

When you have completed and signed the form
Please send it to the Registrar of Companies at:
Companies Registry, 1st Floor, Waterfront Plaza,
8 Laganbank Road, Belfast BT1 3BS.

Form November 2004

Please complete in typescript or
Bold black capitals

TUESDAY



JNI

JZKW1GOF
22/12/2009
COMPANIES HOUSE

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