



Please complete in typescript,
or in bold black capitals.

CHWP000

LLP288a

(LLP Act 2000 Section 9)

Appointment of a Member to a Limited Liability Partnership

(NOT for terminating membership (use Form LLP288b)
or change of particulars (use Form LLP288c))

LLP Number **OC305433**

Full Name of Limited Liability Partnership **The Second Scotts Atlantic Distributors LLP**

Date of appointment
Day Month Year
26 02 2004

* Voluntary Member Reference Number *
Information (As advised by Companies House)

Date of birth
Day Month Year
07 07 1964

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name
LIVINGSTONE

Forename(s)
DAVID EDWARD

Usual residential address **
14 LANCASTER ROAD

** Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office address.

☐

Post town
LONDON

UK Postcode
W11 1QP

County / Region

Country
UNITED KINGDOM

Designated member
(Please tick appropriate box)

☐ YES ☒ NO

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

Consent signature

Date
5.1.04

Another Member being a Designated Member must sign and date the form in the boxes below.

Signed

Date
26/02/2004

Designated Member

Scotts, The Communications Building, 48 Leicester Square,

London WC2H 7DB Tel 020 7004 7020

E-mail

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
for partnerships registered in England and Wales

or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for partnerships registered in Scotland **DX ED235 Edinburgh**



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COMPANIES HOUSE

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