

## LLP28

## Appointment of a Member to a Limited **Liability Partnership**

Please complete in typescript, (NOT for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c)) or in bold black capitals. CHFP010 **LLP Number** PURPLESUN **Full Name of Limited Liability Partnership** Day Month Year Date of 0,08 appointment Month \* Voluntary Member Reference Number \* Date of Information (As advised by Companies House) Birth Peers or others Sumame or known by a title may Corporate name use the title instead of or in addition to Forename(s) their name Usual residential address (or registered or principal office address in the case of a corporation or Scottish firm) UK Post town Postcode County / Region Country Designated member YES NO (Please tick appropriate box)

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

Consent signature	and I	Date	27/03	2008.
	Another Member being a Designated Memboxes below	ı ber must sıç	n and date the	form in the
Signed ~	Timity Depres.	Date	27/03	12008.
	Designated Member BASINGHIAZL LTD.			
ame, address, telephone				

Tel

E-mail

Please give the na number and e-mail (if available) of the person Companies House should contact if there is any query (DX addresses are acceptable for this purpose if you have one)

03/04/2008 **COMPANIES HOUSE**  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