in accordance with Section 9 of the Limited Liability Partnerships Act 2000

LL AP01

Appointment of member of a Limited Liability Partnership (LLP)



What this form is for You may use this form to appoint an individual as a member of an LLP

What this form is NOT for You cannot use the form to appoint a corporate member To do this, please use form LL AP02 'Appointment of a corporate member of a Limited Liability Partnership (LLP)'

FRIDAY



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COMPANIES HOUSE

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1	LLP	d€	ta	ils													
LLP number	О	C	; [3	3	8	7	4	7	_ I		→ Filling in this form Please complete in typescript or in					
LLP name in full	СО	RE	NIC	G A	SS	bold black capitals											
						All fields are mandatory unless specified or indicated by *											
2	Dat	e c	of r	ne	mbe	er's a	appo	oint	me	ent							
Date of appointment	d O	d 1			^m 0	^m 4	-	^y 2	2 [⁷ 0							
3	Nev	v n	nei	mb	er's	det	ails			<u> </u>	-						
Title *	MR	S										• Former name(s)					
Full forename(s)	SIM	MONE MIRIAM which have been use						Please provide any previous names which have been used for business									
												purposes in the past 20 years Married women do not need to give					
Surname	LES	STE	ΞR									former names unless previously used for business purposes					
Former name(s) •												Continue in Section 6 if required					
Country/State of residence •	ENGLAND									Country/State of residence This is in respect of your usual							
Date of birth	^d 1	^d 4	_		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		-	^y 1		⁷ 9 ⁹ 6 ⁹ 4		residential address as stated in Section 4a					
Appointment type	l	-		eing	арр	● Appointment type											
		Ye										Your designation must match the status of the LLP					
	✓ No																
4	Nev	v n	nei	mb	er's	ser	/ice	ado	lre	SS O							
					ete th usua	Service address This is the address that will appear on the public record. This does not											
Building name/number	151	F	LO	OR								on the public record This does not have to be your usual residential					
Street	18 9	SA	VIL	E F	ROV	٧						address Please state 'The LLP's Registered					
						•						Office' if your service address is					
Post town	LO	ΝD	ON	1								recorded in the LLP's register of members as the LLP's registered					
County/Region												If you provide your residential					
Postcode	w	1		S 3 P W address here it will appear on the public record													
Country	ENC	3L	ΑN	D								public record					

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5	Signatures	
	I consent to act as member of the above named LLP	
New member's signature	X Simae Leiter X	
Authorising signature	Signature X X	
	This form may be signed and authorised by Designated member, Judicial factor	
6	Additional former names (continued from Section 3)	
Former names •		Additional former names Use this space to enter any additional names

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Presenter information You do not have to give any conta

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

CONTACT NAME MICHAEL BANNAR-MARTIN	
Company name REEVES & CO	
Address MONTAGUE PLACE	
QUAYSIDE	
CHATHAM MARITIME	
Post town CHATHAM	
County/Region KENT	
Postcode M E 4 4 Q U	
Country ENGLAND	
DX	
Telephone 01634 899800	
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✓ Checklist

We may return forms completed incorrectly or with information missing

Please make sure you have remembered the following

- ☐ The LLP name and number match the information held on the public Register
- ☐ You have provided a correct date of birth☐ You have completed the date of appointment
- ☐ You have completed the date of appointment type
- ☐ You have indicated if you are a designated member
- ☐ You have provided both the service address and the usual residential address
- □ Addresses must be a physical location They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number
- ☐ You have included all former names used for business purposes over the last 20 years
- ☐ You have enclosed a relevant Section 243 application if applying for this at the same time as completing this form
- ☐ The new member has signed the form
- ☐ An authorising signature has been given by a designated member

Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses

Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below

For LLPs registered in England and Wales

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff

For LLPs registered in Scotland

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post)

For LLPs registered in Northern Ireland

The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1

Section 243 exemption

If you are applying for, or have been granted, a section 243 exemption, please post this whole form to the different postal address below The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE

Further information

For further information, please see the guidance notes on the website at www companieshouse gov uk or email enquiries@companieshouse gov uk

This form is available in an alternative format Please visit the forms page on the website at www.companieshouse.gov.uk