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

## LL CH01

## Change of details of a member of a Limited Liability Partnership (LLP)



What this form is for

You may use this form to change the details of an individual person who ıs a member

What this form is NOT for You cannot use this form to chang the details of a corporate member To do this, use form LL CH02 'Change of details of a corporate member of a Limited Liability



07/06/2010 COMPANIES HOUSE

	Partnership'	JOHN ANIES HOUSE	
1	LLP details		
LLP number	O C 3 4 5 7 1 9	→ Filling in this form Please complete in typescript or in	
LLP name in full	AGRO TERRA SERVICES LLP	bold black capitals	
		All fields are mandatory unless specified or indicated by *	
2	Member's current details on the Register •		
Date of birth *	d 1 d 0 - 0 d 4 y 1 y 9 y 7 y 8	◆ Current details  This information is used to identify	
Title *	MS	your details on the LLP record Providing a date of birth will help	
Full forename(s)	SAMANTHA AGNES	us identify the correct person on the public record This is voluntary	
Surname	GOULD	information and if completed it will be placed on the public record	
3	Date of change of details		
Date of change of details	0 1 70 6 72 70 71 70		
	Please complete the appropriate sections to indicate which of your details have changed	_	
4	Change of name details		
Title *		New name Please enter your new name	
Full forename(s) 2		Please effet your new frame	
Surname 9		-	
5	Change of service address ®		
Building name/number	THE LLP's REGISTERED OFFICE	This is the address that will appear on the public record This does not have to be your usual residential address.	
Street			
Post town		Please state 'The LLP's Registered	
County/Region		<ul> <li>Office' if your service address is recorded in the company's register</li> </ul>	
Postcode		of members as the LLP's registered office	
Country	I confirm that there has been no change in the LLP's register of members'	If you provide your residential address here it will appear on the public record	
	residential addresses	Please complete Section Sa if your usual residential address has changed	

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6	Change of country/state of residence		
Change of country/ state of residence			
7	Change of status of member		
Member's consent signature <b>9</b>	i consent to act as a • designated member member of the above named LLP  Signature	<b>×</b>	OChange of status Please tick one box Consent signature Please sign to indicate your consent to the change of status. Please only sign here if you are changing your status as a member
8	Authorising signature ®		
Signature	This must be completed in all cases  I am signing this form on behalf of the LLP  Signature	×	● Authorising signature This must be signed in all cases
	This form may be signed by Designated member, Judicial factor		