

# LL CH01

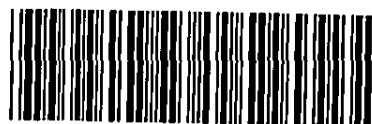
## Change of details of a member of a Limited Liability Partnership (LLP)



☒ **What this form is for**  
You may use this form to change the details of an individual person who is a member.

☐ **What this form is NO**  
You cannot use this for the details of a corporate member. To do this, use form LL 'Change of details of a member of a Limited Liability Partnership'.

TUESDAY



A23 12/01/2010 365  
COMPANIES HOUSE

|                  |                                        |                                                                                                                                                            |
|------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>         | <b>LLP details</b>                     | <b>Filling in this form</b><br>Please complete in typescript or in bold black capitals.<br><br>All fields are mandatory unless specified or indicated by * |
| LLP number       | O C 3 0 1 1 5 3                        |                                                                                                                                                            |
| LLP name in full | THE INVICTA FILM PARTNERSHIP No.6, LLP |                                                                                                                                                            |

|                  |                                                              |                                                                                                                                                                                                                                                                                  |
|------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b>         | <b>Member's current details on the Register <sup>1</sup></b> | <b>1 Current details</b><br>This information is used to identify your details on the LLP record. Providing a date of birth will help us identify the correct person on the public record. This is voluntary information and if completed it will be placed on the public record. |
| Date of birth *  | d 1 1 m 0 3 y 1 9 y 5 7                                      |                                                                                                                                                                                                                                                                                  |
| Title *          | MR                                                           |                                                                                                                                                                                                                                                                                  |
| Full forename(s) | PIETRO DANDREA DUILIO                                        |                                                                                                                                                                                                                                                                                  |
| Surname          | LECCACORVI                                                   |                                                                                                                                                                                                                                                                                  |

|                                                                                          |                                  |
|------------------------------------------------------------------------------------------|----------------------------------|
| <b>3</b>                                                                                 | <b>Date of change of details</b> |
| Date of change of details                                                                | d 0 1 m 0 1 y 2 0 y 1 0          |
| Please complete the appropriate sections to indicate which of your details have changed. |                                  |

|                               |                               |                                                  |
|-------------------------------|-------------------------------|--------------------------------------------------|
| <b>4</b>                      | <b>Change of name details</b> | <b>2 New name</b><br>Please enter your new name. |
| Title *                       |                               |                                                  |
| Full forename(s) <sup>2</sup> |                               |                                                  |
| Surname <sup>2</sup>          |                               |                                                  |

|                                                                                                                                      |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>5</b>                                                                                                                             | <b>Change of service address <sup>1</sup></b> | <b>3 Service address</b><br>This is the address that will appear on the public record. This does not have to be your usual residential address.<br><br>Please state 'The LLP's Registered Office' if your service address is recorded in the company's register of members as the LLP's registered office.<br><br>If you provide your residential address here it will appear on the public record.<br><br>Please complete Section 5a if your usual residential address has changed. |
| Building name/number                                                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Street                                                                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Post town                                                                                                                            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| County/Region                                                                                                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Postcode                                                                                                                             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Country                                                                                                                              |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> I confirm that there has been no change in the LLP's register of members' residential addresses. |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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**6** Change of country/state of residence

Change of country/  
state of residence

**7** Change of status of member

I consent to act as a ①

☐ designated member

☐ member

of the above named LLP.

Member's consent  
signature ②

Signature

X

X

① Change of status  
Please tick one box.

② 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 ①

This must be completed in all cases.

I am signing this form on behalf of the LLP.

Signature

Signature

X

*[Handwritten signature]*

X

① Authorising signature  
This must be signed in all cases.

This form may be signed by: Designated member, Judicial factor.

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



### Presenter information

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 Deborah Bishop

Company name c/o Invicta Capital

Address 33 St. James's Square

Post town London

County/Region

Postcode S W 1 Y 4 J S

Country UK

DX

Telephone 02076619469



### 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 completed in Section 3 the date of change of details.
- ☐ If you have changed the service address, you have ticked the no change box in Section 5 to indicate no change in your usual residential address or provided your new usual residential address in Section 5a.
- ☐ Any new address 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 entered the relevant change of details.
- ☐ You have signed your consent if you have changed your membership status in Section 7.
- ☐ A designated member has signed the form in Section 8.



### 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,  
First Floor, Waterfront Plaza, 8 Laganbank Road,  
Belfast, Northern Ireland, BT1 3BS.  
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](http://www.companieshouse.gov.uk) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.companieshouse.gov.uk)