



LLP288a

Please complete in typescript,
or in bold black capitals
CHWP000

(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 **OC312342**

Full Name of Limited
Liability Partnership **AMERICAS 5 LIMITED
LIABILITY PARTNERSHIP**

Date of Appointment Day Month Year
22 02 2007

voluntary information Member Reference Number
(As advised by Companies House)

Date of birth **03 06 1965**

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

Surname or Corporate name **ROBINSON**

Forename(s) **PAUL FRANK**

Usual residential address++ **THE MOUNT, CLEAVESTY LANE**

++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 **LEEDS** UK Postcode **LS17 9EZ**

County/Region **YORKSHIRE** Country **UK**

Designated member
(Please tick appropriate box) ☐ YES ☒ NO

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

Consent signature **Paul** Date **30.01.07**

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

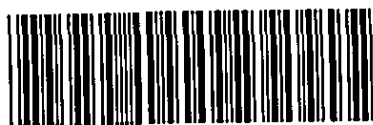
Signed **AC Glozier** Date **22.02 07**

Designated Member

Tel

E-mail

You do not have to give any contact
information in the box opposite but if
you do, it will help Companies House
to contact you if there is a query on
the form The contact information



A34 23/05/2007 566
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 DX ED235 Edinburgh
For partnerships registered in Scotland