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. do this, please use form LL AF 'Appointment of a corporate member of a Limited Liability Partnership (LLP)'.



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1	LLP	d	etai	ls													
LLP number	0		<u> </u>	3	2	7	9	5	8	-				→ Filling in this form			
LLP name in full	Ulti	m	ate l	Indu	ıstı	rial I	Main	tena	ance	: L	LP			Please complete in typescript or in bold black capitals.			
											<b></b>			All fields are mandatory unless specified or indicated by *			
2	Dat	e	of n	nem	nbe	r's a	appo	oint	men	it							
Date of appointment	(d 0	ď	l		<sup>™</sup> 0	<u>"1</u>	-	y 2	2 / (	) [	<sup>y</sup> 1	O <sup>v</sup> O					
3	Nev	V I	men	nbe	r's	det	ails	·	· ·				- Marin				
Title *	Mr • • • • • • • • • • • • • • • • • • •																
Full forename(s)	Lee	,				***************************************								Please provide any previous names which have been used for business purposes in the past 20 years.			
Surname	Martin													Married women do not need to give former names unless previously used for business purposes.			
Former name(s) •														Continue in Section 6 if required.			
Country/State of residence •	United Kingdom										_						
Date of birth	<sup>d</sup> 2	ď1	l 		<sup>m</sup> 0	<sup>"</sup> 6		у,	1 y	9	<sup>y</sup> 8	<sup>y</sup> 7		residential address as stated in Section 4a.			
Appointment type <b>9</b>	Are	yo Yo N	es	ing a	appo	ointe	d as a	desi	gnat	ed	men	nber?		● Appointment type Your designation must match the status of the LLP.			
4	Nev	ΝI	men	nbe	r's	ser	vice	ado	res	s Ø	١						
												ou must also complete		© Service address  This is the address that will appear			
Building name/number	The												have to be your usual residential				
Street											_			address.  Please state 'The LLP's Registered  Office' if your service address is			
Post town														recorded in the LLP's register of members as the LLP's registered office.			
County/Region	<u> </u>	ــــم .								_				If you provide your residential			
Postcode			_				<u> </u>							address here it will appear on the public record.			
Country														P=-112.1040121			

LL APO1
Appointment of member of a Limited Liability Partnership (LLP)

5	Signatures	
	I consent to act as member of the above named LLP.	
New member's signature	× L. Martin	
Authorising signature	Signature X	
	This form may be signed and authorised by: Designated member, Judicial factor.	
6	Additional former names (continued from Section 3)	· · · · ·
Former names <b>0</b>		Additional former names     Use this space to enter     any additional names.