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 is a member What this form is NOT for You cannot use this form to change the details of a corporate member. To do this, use form LL CH02 'Change of details of a corporate member of a Limited Liability Partnership'	*AA41HL9H* A14 29/06/2010 44 COMPANIES HOUSE	
1	LLP details		
LLP number	O C 3 2 7 9 5 8	→ Filling in this form Please complete in typescript or in	
LLP name in full	Ultimate Industrial Maintenance LLP	bold black capitals	
		All fields are mandatory unless specified or indicated by *	
2	Member's current details on the Register •		
Date of birth *		This information is used to identify your details on the LLP record Providing a date of birth will help	
Title *	Mr		
Full forename(s)	Lee	us identify the correct person on the public record This is voluntary	
Surname	Martin	information and if completed it will be placed on the public record	
3	Date of change of details		
Date of change of details	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	Please complete the appropriate sections to indicate which of your details have changed	-	
4	Change of name details		
Title *		New name	
Full forename(s) 2		_ Please enter your new name	
Surname 2		-	
5	Change of service address ®		
Building name/numb	er The LLP's Registered Office	Service address 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 Office' if your service address is recorded in the company's register of members as the LLP's registered office	
County/Region			
Postcode			
Country	I confirm that there has been no change in the LLP's register of members' residential addresses	If you provide your residential address here it will appear on the public record	
		Please complete Section 5a 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			
	I consent to act as a ● designated member member of the above named LLP Signature X	X	● Change 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 [©]			
	This must be completed in all cases		 Authorising signature This must be signed in all cases 	
	I am signing this form on behalf of the LLP			
Signature	This form may be signed by Designated member, Judicial factor	X		

