'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 What this form is NOT fo You may use this form to change the You cannot use this form to details of an individual person who the details of a corporate r To do this, use form LL CHQ is a member 'Change of details of a cor 29/06/2010 member of a Limited Liabi COMPANIES HOUSE Partnership' LLP details → Filling in this form LLP number 0 C 3 Please complete in typescript or in bold black capitals LLP name in full **Ultimate Industrial Maintenance LLP** All fields are mandatory unless specified or indicated by \* Member's current details on the Register • O Current details m8 1 65 <sup>y</sup> 9 77 70 Date of birth \* <sup>m</sup>0 This information is used to identify your details on the LLP record Title \* Mrs Providing a date of birth will help us identify the correct person on Full forename(s) **Marie Louise** the public record This is voluntary information and if completed it will Surname Martin be placed on the public record Date of change of details 0 42 **|**<sup>™</sup>5 <sup>7</sup> 2 <sup>y</sup> 0 <sup>y</sup> 1 Date of change of details Please complete the appropriate sections to indicate which of your details have changed Change of name details New name Title \* Please enter your new name Full forename(s) @ Surname 9 Change of service address 9 Service address Building name/number | The LLP's registered office This is the address that will appear on the public record. This does not Street have to be your usual residential Please state 'The LLP's Registered Post town Office' if your service address is County/Region recorded in the company's register of members as the LLP's registered Postcode If you provide your residential Country address here it will appear on the I confirm that there has been no change in the LLP's register of members'

residential addresses

changed

public record

Please complete Section 5a if your usual residential address has

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Change of country/state of residence		
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
Authorising signature <sup>©</sup>		I
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  X  M  This form may be signed by Designated member, Judicial factor	×	
	Change of status of member  I consent to act as a   designated member member of the above named LLP  Signature  X  Authorising signature  This must be completed in all cases  I am signing this form on behalf of the LLP  Signature	Change of status of member    consent to act as a •     designated member     member     of the above named LLP    signature     X