

Please complete in typescript,

P28

Appointment of a Member to a Limited Liability Partnership

or in bold black cap	itais.	ior terminating membership (use roini cci	2000) or cha	inge of pa	riculais (a	30 1 OIIII EEI
CHFP010	LLP Number	OC 336824				
	Name of Limited bility Partnership	TANGLEWOOD MD LLP				
	Date of appointment Reference Number * sed by Companies House) Surname or Corporate name Forename(s)	Day Month Year 24008 93756 Hunt Gary Russell	Date of Birth	Day	Month 0 7	Year
Usual residential address ††		11 Marshals Drive				

St Albans

Herts

†† 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

record

County / Region Designated member (Please tick appropriate

Post town

box)

YES Х

NO

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

Consent signature

Date

UK

Postcode

Country

AL1 4RB

06 05 08

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

Signed

below (Signing for and on behalf ODWATERLOW SECRETARIES LIMITED

Date

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 that you give will be visible to searchers of the public

LD3

16/06/2008 **COMPANIES HOUSE**

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WATERLOW LEGAL & COMPANY SERVICES 6-8 UNDERWOOD STREET LONDON NI 7JQ TEL 1000 7250 3350 FAX. 020 7608 0867 DX 122031 FINDS BAR Mange DX number

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

for partnerships registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2