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 NC
You cannot use the for
appoint a corporate m
do this, please use for
'Appointment of a corp
member of a Limited I
Partnership (LLP)'



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1	LLP	d	etai	ls															
LLP number	0	(		3	4	5	6	1	9							→	Filling in this form Please complete in typescript or in		
LLP name in full	Libertas Partners LLP															bold black capitals.			
															_	All fields are mandatory unless specified or indicated by *			
2	Date	e ·	of n	nen	nbe	r's a	ppo	ointi	men	t									
Date of appointment	<sup>d</sup> 1	ď	5		<sup>m</sup> 1	<sup>m</sup> 2	-	<sup>y</sup> 2	0 ا	γ̈́o	_ y	9							
3	Nev	۷ı	ner	nbe	er's	det	ails		·										
Title *	Mrs												Q	O Former name(s)					
Full forename(s)	Hella Mary									Please provide any previous names which have been used for business									
				•								_				-	purposes in the past 20 years  Married women do not need to give		
Surname	Tovar											_	former names unless previously used for business purposes.  Continue in Section 6 if required						
Former name(s) •											_								
Country/State of residence •	United Kingdom										O Country/State of residence This is in respect of your usual								
Date of birth	d 2 d 9 m m y 1 y 9 y 4 y 7 residential address as stated i									residential address as stated in Section 4a									
Appointment type <b>9</b>	Are you being appointed as a designated member?  Yes  No									•	Appointment type     Your designation must match the status of the LLP								
4	Nev	V	mer	nbe	er's	ser	/ice	ado	lress	0			_	·	•				
	Please complete the service address below You must also complete the member's usual residential address in Section 4a															O Service address This is the address that will appear on the public record This does not			
Building name/number	c/o	L	ber	tas	Ca	oital	Corp	orat	e Fir	ance	e Li	mited					have to be your usual residential		
Street	16 Berkeley Street										<ul> <li>address</li> <li>Please state 'The LLP's Registered</li> </ul>								
																_	Office' if your service address is recorded in the LLP's register of		
Post town	London									_	members as the LLP's registered office.								
County/Region		_															If you provide your residential		
Postcode	W   1   J     8   D   Z   address here it will appear on the									address here it will appear on the public record									
Country																	paone record		

	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	X For and on behalf of	
Authorising signature	Signature X quarkhik 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.

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Appointment of member of a Limited Liability Partnership (LLP)

## Presenter information You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form The contact information you give will be visible to searchers of the public record Ref TH **David Venus & Company Limited** Thames House Portsmouth Road Esher County/Region Surrey Country 36318 ESHER 01372 465330 Checklist We may return forms completed incorrectly or with information missing Please make sure you have remembered the

lowing
The LLP name and number match the information
held on the public Register
You have provided a correct date of birth
You have completed the date of appointment
You have completed the appointment type
You have provided both the service address and the
usual residential address
Addresses must be a physical location They cannot
be a PO Box number (unless part of a full service
address), DX or LP (Legal Post in Scotland) number
You have included all former names used for
business purposes over the last 20 years
You have enclosed a relevant Section 243
application if applying for this at the same time as
completing this form
The new member has signed the form
An authorising signature has been given by a
designated member

### Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses

#### Where to send $oldsymbol{\nabla}$

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below

#### For LLPs registered in **England and Wales**

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff

#### For LLPs registered in Scotland

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post)

#### For LLPs registered in Northern Ireland

The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1

#### Section 243 exemption

If you are applying for, or have been granted, a section 243 exemption, please post this whole form to the different postal address below The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE

## Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse gov uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk