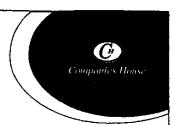
In accordance with Section 9 of the Limited Liability Partnerships Act 2000

) | C | Department for Bush

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 f You cannot use the form t appoint a corporate meml do this, please use form LL 'Appointment of a corporat member of a Limited Liabil Partnership (LLP)'



D6 20/05/2011

CHFP000

A60

011

COMPANIES HOUSE

"A9UU2121"

09/05/2011

COMPANIES HOUSE

292

	Partnership (LLP)*	
1	LLP details	
LLP number	00354396	→ Filling in this form Please complete in typescript or in
LLP name in full	PSIFZO LLP	bold black capitals.
		All fields are mandatory unless specified or indicated by *
2	Date of member's appointment	
Date of appointment	6/6/ TO T/ 12 10 1/1	
3	New member's details	
Title *	MRS	• Former name(s) Please provide any previous names
Full forename(s)	SYZVIA	which have been used for business purposes in the past 20 years.
		Marned women do not need to give
Surname	TAYLOR	former names unless previously used for business purposes.
Former name(s) •		Continue in Section 6 if required
Country/State of residence @	ИK	OCountry/State of residence
Date of birth	1 6 mo m/ 1/9 2 6	This is in respect of your usual residential address as stated in Section 4a
Appointment type	Are you being appointed as a designated member?	Appointment type
	☑ Yes	Your designation must match the status of the LLP
	\□ No	
4	New member's service address 6	
	Please complete the service address below You must also complete the member's usual residential address in Section 4a	Service address This is the address that will appear on the public record. This does not.
Building name/number	17	have to be your usual residential address.
Street	WEST HEATH CLOSE	Please state 'The LLP's Registered
		Office' if your service address is recorded in the LLP's register of
Post town	LOUBON	members as the LLP's registered office.
County/Region		If you provide your residential
Postcode	N N 3 7 N J	address here it will appear on the public record
Country	UK	

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 Sylvataylor. X	
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 ⊕		Additional former names Use this space to enter any additional names.

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

Presenter information	Important 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	Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.	
Contact name	™ Where to send	
Company name Address	You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:	
Post town	For LLPs registered in England and Wales. The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff	
County/Region Pastcade Country DX	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)	
Checklist We may return forms completed incorrectly or with information missing.	For LLPs registered in Northern Ireland The Registrar of Companies, Companies House, First Floor, Waterfront Plaza, 8 Laganbank Road, Belfast, Northern Ireland, BT1 3BS. DX 481 N R. Belfast 1	
Please make sure you have remembered the following: ☐ 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 indicated if you are a designated member	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.	
You have provided both the service address and the usual residential address	Turther information	
 □ 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 	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	