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<br>You may use this form to change the<br>details of an individual person who<br>is a member |                |   |       |                |                     |      |                | What this form is NOT for You cannot use this form to the details of a corporate in To do this, use form LL CHI 'Change of details of a confimember of a Limited Liabil Partnership' | *AP89CW8W*<br>A02 29/07/2011 270<br>COMPANIES HOUSE                       |   |  |  |
|--|----------------|---|-------|----------------|---------------------|------|----------------|--|---|---|--|--|
| 1  | LLP            | det   | ails  |                |                     |      |                |  | •   |   |  |  |
| LLP number   | 0              | С   | 3     | 5              | 9                   | 1    | 2              | 6  |   | → Filling in this form  Please complete in typescript or in   |  |  |
| LLP name in full   | INF            | OSY:  | S AC  | COUN           | bold black capitals |      |                |  |   |   |  |  |
|  |                |   |       |                | -                   |      |                |  |   | All fields are mandatory unless specified or indicated by *   |  |  |
| 2  | Men            | nbe   | r's e | curre          | ent c               | leta | ils o          | n th   | ie Register O   |   |  |  |
| Date of birth *  | d <sub>1</sub> | <sup>d</sup> 8  | •     | <sup>m</sup> o | <sup>m</sup> 1      | -    | <sup>y</sup> 2 | ,<br>,   | - γ <sub>1</sub> γ <sub>1</sub>   | Current details This information is used to identify  |  |  |
| Title *  | MR             | •   |       | · ·            | <u> </u>            |      | •              | •  |   | your details on the LLP record Providing a date of birth will help  |  |  |
| Full forename(s)   | GARY JONATHAN  |   |       |                |                     |      |                |  | us identify the correct person on<br>the public record. This is voluntary |   |  |  |
| Surname  | MOS            | MOSS  |       |                |                     |      |                |  | information and if completed it will<br>be placed on the public record    |   |  |  |
| 3  | Date           | e of  | cha   | inge           | of o                | leta | ils            |  |   |   |  |  |
| Date of change<br>of details   | <sup>d</sup> 2 | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                  |       |                |                     |      |                |  |   |   |  |  |
|  |                | Please complete the appropriate sections to indicate which of your details have changed |       |                |                     |      |                |  |   |   |  |  |
| 4  | Cha            | nge   | of i  | nam            | e de                | tail | s              |  | · · · · · · · · · · · · · · · · · · ·                                     |   |  |  |
| Title *  |                |   |       |                |                     |      |                |  |   | New name  |  |  |
| Full forename(s) <b>⊙</b>  |                |   |       |                |                     |      |                |  |   | Please enter your new name  |  |  |
| Surname @  |                | _   | -     |                |                     |      |                |  | -   |   |  |  |
| 5  | Cha            | nge   | of s  | servi          | ce a                | ıddr | 'ess           | Ð  | _   |   |  |  |
| Building name/numbe  | THE            | CON   | 1PAN  | Y'S            | REG                 | STE  | RED            | OFF:   | ICE   | Service address   |  |  |
| Street   |                |   |       |                |                     |      |                |  |   | <ul> <li>This is the address that will appear on the public record. This does not have to be your usual residential address.</li> </ul> |  |  |
| Post town  |                |   |       |                |                     |      | -              |  |   | Please state 'The LLP's Registered  |  |  |
| County/Region  |                | _   |       |                |                     |      |                |  |   | <ul> <li>Office' if your service address is recorded in the company's register</li> </ul>   |  |  |
| Postcode   |                | _   |       |                |                     |      |                |  |   | of members as the LLP's registered office   |  |  |
| Country  |                | _   | -     |                |                     |      |                |  |   | If you provide your residential 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

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          |  | O Change of status Please tick one box Consent signature Please sign to indicate your consent to the change of status  Please only was been founded.  |  |  |  |  |  |  |  |
| Signature  | ×  | Please only sign here if you are changing your status as a member   |  |  |  |  |  |  |  |
| Authorising signature ©  |  |   |  |  |  |  |  |  |  |
| This must be completed in all cases  I am signing this form on behalf of the LLP |  | Authorising signature     This must be signed in all cases  |  |  |  |  |  |  |  |
| Signature  X  This form may be signed by: Designated member, Judicial factor     | <b>X</b>   |   |  |  |  |  |  |  |  |
|  | 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 | 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  X  X |  |  |  |  |  |  |  |

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| 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  | <b>☑</b> Where to send   |
| Company name STERLINGS LTD  Address LAWFORD HOUSE, ALBERT PLACE  Post town LONDON  County/Regon  Postcode N 3 1 Q A County/Regon  OX  Telephone O2O 8343 2255  Checklist  We may return forms completed incorrectly or with information missing  Please make sure you have remembered the following  The LLP name and number match the information held on the public Register  You have completed in Section 3 the date of change of details  If you have changed the service address, you have ticked the no change box in Section 5 to indicate no change in your usual residential address or provided your new usual residential address in Section 5a  Any new address 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 entered the relevant change of details You have signed your consent if you have changed your membership status in Section 7  A designated member has signed the form in Section 8 | You may return this form to any Companies House address, however for expediency we advise you t 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, First Floor, Waterfront Plaza, 8 Laganbank Road, Belfast, Northern Ireland, BT1 3BS 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 |
|   |  |