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 NO
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)'



A15 29/05/2012
COMPANIES HOUSE

#126

	Partnersnip (LLP)		
1	LLP details	<del></del>	
LLP number	O C 3 6 3 4 5 4	Filling in this form Please complete in typescript or in	
LLP name in full	ADRg Ambassadors LLP	bold black capitals	
		All fields are mandatory unless specified or indicated by *	
2	Date of member's appointment		
Date of appointment	12 5 0 5 Y2 0 Y1 Z		
3	New member's details		
Title *	Mr	• Former name(s)	
Full forename(s)	John	Please provide any previous names which have been used for business purposes in the past 20 years	
Surname	Macgregor	Married women do not need to give former names unless previously used	
Former name(s) •		for business purposes  Continue in Section 6 if required	
residence 🕶	United Kingdom	© Country/State of residence This is in respect of your usual	
Date of birth	0 3 7 0 14 6	residential address as stated in Section 4a	
Appointment type	Are you being appointed as a designated member?  Yes  No	Appointment type     Your designation must match the status of the LLP	
4	New member's service address O		
	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	The LLP's Registered Office	have to be your usual residential	
Street		address  Please state 'The LLP's Registered Office' if your service address is	
Post town		recorded in the LLP's register of members as the LLP's registered office	
County/Region	<u> </u>	If you provide your residential	
Postcode		address here it will appear on the public record	
Country			

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5	Signatures	
	I consent to act as member of the above named LLP	
New member's signature	Signature X	
Authorising signature	Signature X  Recipins Suppress - DESIBATIO MEASER	
	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

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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 Richard Schiffer	■ Where to send
Company name ADRg Ambassadors LLP	You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:
Address 1 Portland Place  Post town London	For LLPs registered in England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff
County/Region	
Postcode W 1 B 1 P N  Country United Kingdom  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)
Telephone 020 7636 4422	of LF - 4 Edinburgh 2 (Legal Post)
	For LLPs registered in Northern Ireland
We may return forms completed incorrectly or with information missing	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
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	<i>i</i> Further information
<ul> <li>□ 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</li> <li>□ You have included all former names used for business purposes over the last 20 years</li> <li>□ You have enclosed a relevant Section 243 application if applying for this at the same time as completing this form</li> </ul>	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
<ul> <li>The new member has signed the form</li> <li>An authorising signature has been given by a designated member</li> </ul>	forms page on the website at www.companieshouse.gov.uk