

LL AP01

Appointment of member of a Limited Liability Partnership (LLP)

IRIS

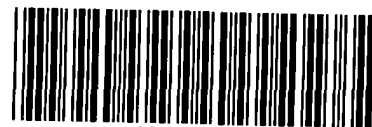


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☒ **What this form is for**
You may use this form
to appoint an individual as a
member of an LLP.

☐ **What this form is NOT for**
You cannot use the form
to appoint a corporate member.
If you want to do this, please use form
'Appointment of a corporate
member of a Limited Liability
Partnership (LLP)'.

SATURDAY



A09 22/07/2017 #155
COMPANIES HOUSE

1 LLP details

LLP number 00370815
LLP name in full ASHWOOD LAW SUPPORT SERVICES LLP

→ **Filling in this form**
Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

2 Date of member's appointment

Date of appointment 27/06/2017

3 New member's details

Title * MISS
Full forename(s) SHARON
MARGARET
Surname BENTON
Former name(s) ^① WALDEN
Country/State of residence ^② ENGLAND
Month/year of birth ^③ XX 11 1971
Appointment type ^④ Are you being appointed as a designated member?
☐ Yes
☒ No

① Former name(s)
Please provide any previous names
(including maiden or married names)
which have been used for business
purposes in the last 20 years.

Continue in section 7 if required.

② Country/State of residence
This is in respect of your usual
residential address as stated in
section 4a.

③ Month and year of birth
Please provide month and year only.

④ Appointment type
Your designation must match the
status of the LLP.

4 New member's service address ^⑤

Please complete the service address below. You must also complete
the member's usual residential address in Section 4a.
Building name/number ASHWOOD LAW HOUSE, 7
Street NEWTON ROAD
Post town HEATHER
County/Region LEICESTER
Postcode LE67 2RD
Country ENGLAND

⑤ Service address
This is the address that will appear
on the public record. This does not
have to be your usual residential
address.

Please state 'The LLP's Registered
Office' if your service address is
recorded in the LLP's register of
members as the LLP's registered
office.

If you provide your residential
address here it will appear on the
public record.

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Consent to act as member

Please tick the box to confirm consent.



The LLP confirms that the person named in section 3 has consented to act as a member of the LLP named in section 1.

6


Signature

I am signing this form on behalf of the LLP.

Signature

Signature

X



X

This form must be signed and authorised by:
Designated member, Judicial factor.

7

Additional former names (continued from Section 3)

Former names ①

① **Additional former names**

Use this space to enter any additional names.

LL AP01**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.

Contact name

JAIME LEIVERS

Company name

ASHWOOD LAW SUPPORT SERVICES
LLP

Address

ASHWOOD LAW HOUSE
7 NEWTON ROAD

Post town

HEATHER, COALVILLE

County/Region

LEICESTERSHIRE

Postcode

LE67 2RD

Country

ENGLAND

DX

Telephone

01530 267150

**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 the date of appointment.
- ☒ You have included all former names used for business purposes over the last 20 years.
- ☒ You have provided the month and year of birth in section 3.
- ☒ You have indicated if you are a designated member.
- ☒ You have provided your full date of birth in section 3a.
- ☒ 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.
- ☐ ~~N/A~~ You have enclosed a relevant section 243 application if applying for this at the same time as completing this form.
- ☒ You have ticked the consent to act statement in section 5.
- ☒ You have signed the form.

**Important information**

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

**Where to send**

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.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

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