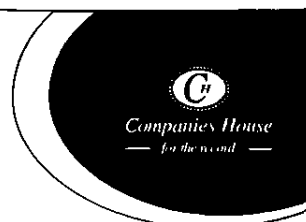


# LL CH01

## Change of details of a member of a Limited Liability Partnership (LLP)



☒ **What this form is for**

You may use this form to change the details of an individual person who is a member

☒ **What this form is NOT for**

You cannot use this form to change the details of a corporate member. To do this, use form LL CH02 'Change of details of a corporate member of a Limited Liability Partnership'

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14/05/2010


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COMPANIES HOUSE

<b>1</b>	<b>LLP details</b>	
LLP number	O C 3 4 5 1 2 3	<b>→ Filling in this form</b> Please complete in typescript or in bold black capitals  All fields are mandatory unless specified or indicated by *
LLP name in full	ANGLESEA CAPITAL 1 LLP	
<b>2</b>	<b>Member's current details on the Register <sup>①</sup></b>	<b>① Current details</b> This information is used to identify your details on the LLP record. Providing a date of birth will help us identify the correct person on the public record. This is voluntary information and if completed it will be placed on the public record.
Date of birth *	d 1 7 m 1 1 y 1 9 y 7 y 0	
Title *	MR	
Full forename(s)	DAVID RHYS NICHOLAS	
Surname	LEWIS	
<b>3</b>	<b>Date of change of details</b>	
Date of change of details	d 2 0 m 0 4 y 2 y 0 y 1 y 0	
Please complete the appropriate sections to indicate which of your details have changed		
<b>4</b>	<b>Change of name details</b>	
Title *		<b>② New name</b> Please enter your new name
Full forename(s) <sup>②</sup>		
Surname <sup>②</sup>		
<b>5</b>	<b>Change of service address <sup>③</sup></b>	
Building name/number	THE LLP'S REGISTERED OFFICE	<b>③ Service address</b> 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 company's register of members as the LLP's registered office.  If you provide your residential address here it will appear on the public record.  Please complete Section 5a if your usual residential address has changed.
Street		
Post town		
County/Region		
Postcode		
Country		
<input checked="" type="checkbox"/> I confirm that there has been no change in the LLP's register of members' residential addresses		

**LL CH01**

Change of details of a member of a Limited Liability Partnership (LLP)

<b>6</b>	<b>Change of country/state of residence</b>	
Change of country/ state of residence		
<b>7</b>	<b>Change of status of member</b>	
	I consent to act as a ① <input type="checkbox"/> designated member <input type="checkbox"/> member of the above named LLP	<b>① Change of status</b> Please tick one box  <b>② Consent signature</b> Please sign to indicate your consent to the change of status  Please <b>only</b> sign here if you are changing your status as a member
Member's consent signature ②	Signature X	X
<b>8</b>	<b>Authorising signature ③</b>	
	This must be completed in all cases I am signing this form on behalf of the LLP	<b>③ Authorising signature</b> This must be signed in all cases
Signature	Signature X 	X
	This form may be signed by Designated member, Judicial factor	