

## LL TM01

## Termination of appointment of member of a Limited Liability Partnership (LLP)



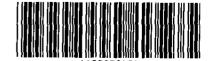
Companies House



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What this form is for You may use this form to terminate the appointment of a member (individual or corporate) of an LLP.

X What this form is NOT You cannot use this form terminate the appointment director of a company. To please use form TM01 'Te of appointment of directors.



A25 02/10/2019 COMPANIES HOUSE

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| 1                                  | LLP details  |   |
|------------------------------------|--|---|
| LLP number                         | 0 (377770  | → Filling in this form<br>Please complete in typescript or in<br>bold black capitals. All fields are mandatory unless<br>specified or indicated by *            |
| LLP name in full                   | AVALAN SPORTING GOODS LLP  |   |
|                                    |  |   |
| 2                                  | Current details on the Register  |   |
|                                    | Please give us the current appointment details of this member held on the public Register.                   | Month and year of birth Providing a month and year of birth will help us identify the correct person on the public record. This is voluntary information and if |
| Month/year of birth*               | X X " " Y Y Y  |   |
| Title*                             |  | completed it will be placed on the  |
| Full forename(s)                   |  | - public record.  |
| Surname/Corporate<br>name          | BLACKSTAX (EUROPE) LIMITED   |   |
| 3                                  | Termination details ®  |   |
| Date of termination of appointment | 13 66 7016   | Only one member appointment can be terminated per form.   |
| 4                                  | Signature  |   |
|                                    | I am signing this form on behalf of the LLP.   |   |
| Signature                          | Signature  | -   |
|                                    | × ×  |   |
|                                    | This form must be signed by: INSURANCE RISK CONSUTANCY Designated member, Judicial factor. SCRVIGES, LITTED  |   |
| <del></del>                        | This form must be signed by: INFURNICE RISK CONSUTANCY Designated member, Judicial factor.  SCRVIGES LITTIES |   |



Do not cover this barcode