

## Notice of change of Registered Office address of a Limited Liability Partnership (LLP)

As required by Paragraph 10 of the Schedule to the Limited Liability Partnerships Act 2009

Please insert the LLP Number below: (Include an \* immediately before and after the number) A fee is payable with this form

LLP Number		
LLP Name In Full		
To the Registrar of Lir	mited Liability Partnerships	
*		*Insert name of the LLP
hereby gives you no	tice, in accordance with Paragraph 10 of the	ne Schedule to the Limited
Liability Partnerships	Act 2009 that as from the	the Registered
Office of the LLP is sit	uate at:-	
Building name/r	number	
Street		
Town	Gibraltar	
Region or State	Gibraltar	
Postcode	GX11 1AA	
Country	Gibraltar	
Name <sup>1</sup>	Signature	
Dated		

<sup>&</sup>lt;sup>1</sup> Shall be signed by a designated member of the LLP or authenticated in a manner approved by the Registrar.