



LLP652c

Withdrawal of application for striking off a Limited Liability Partnership

Please complete in typescript,
or in bold black capitals

CHWP000

LLP Number	<input type="text"/>
Full Name of Limited Liability Partnership	<input type="text"/>
	<input type="text"/>

The designated members hereby withdraw the application dated

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

in which it was requested that this LLP be struck off the register.

This form can be signed by any designated member of the Limited Liability Partnership.

Name of designated member	<input type="text"/>		
Signed	<input type="text"/>	Date	<input type="text"/>

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

<input type="text"/>
<input type="text"/>
Tel
E-mail

When you have signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
for partnerships registered in England and Wales

or

Companies House, 139 Fountainbridge, Edinburgh, EH3 9FF
for partnerships registered in Scotland

DX 235 Edinburgh
or LP - 4 Edinburgh 2

Companies House receipt date barcode

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