

MINISTRY OF CORPORATE AFFAIRS

RECEIPT

G.A.R.7

SRN : M06568042

Service Request Date : 08/05/2018

Payment made into : Indian Bank

Received From :

Name : SACHIN PILANIA

Address : 1, GRAHAM ROAD,
NEAR INDRAPURI STUDIO GROUND FLOOR, TOLLYGUNJ
KOLKATA , West Bengal
India - 700040

Entity on whose behalf money is paid

LLPIN: AAG-6048

Name : 380 REALTY SOLUTIONS LLP

Address : 1002 E M BYPASS
FRONT BLOCK
KOLKATA , West Bengal
India - 700046

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee for LLP Form 15	Normal	100.00
Total		100.00

Mode of Payment: Internet Banking - Indian Bank

Received Payment Rupees: One Hundred Only

Note -The Registrar may examine this eForm any time after the same is processed by the system under Straight Through Process (STP). In case any defects or incompleteness in any respect is noticed by the Registrar, then this eForm shall be treated and labeled as defective and the eForm shall have to be filed afresh with the fee and additional fee, as applicable. (Please refer Rule 36 of the LLP Rules, 2009).

LLP FORM NO.15

[Pursuant to rule 17 of Limited Liability Partnership Rules, 2009]



Notice for change of place of registered office

Note - All fields marked in * are to be mandatorily filled.

1. *Limited Liability Partnership Identification Number (LLPIN)	AAG-6048	Pre-fill	
2. (a) Name of the Limited Liability Partnership (LLP)	380 REALTY SOLUTIONS LLP		
(b) Present address of the registered office of the LLP	1002 E M BYPASS FRONT BLOCK KOLKATA Kolkata West Bengal 700046 India		
3. (a) *New address of registered office of the LLP			
Line I	1002 E M BYPASS		
Line II	FRONT BLOCK		
(b) *City	KOLKATA	(c) District	Kolkata
(d) *State	West Bengal-WB	(e) *Pin code	700105
(f) *Country	India	(g) ISO country code	IN
(h) Phone		(i) Fax	
(j) *e-mail ID	contact@psgroup.in		
4. *Name of the office of new registrar	Registrar of Companies, West Bengal		
5. *The full address of the police station under whose jurisdiction the new registered office address of the limited liability partnership is situated.			
(a) *Name	PRAGATI MAIDAN POLICE STATION		
(b) *Address	Line I	MAA FLYOVER, EAST TOPSIA, DHAPA	
	Line II		
(c) *City/Town/village	KOLKATA		
(d) Tehsil		(e) District	Kolkata
(f) *State	West Bengal-WB	(g) *Pin code	700105
6. *Particulars of prosecutions initiated against or show cause notices received by the LLP for alleged offences under the Act.	NA		
7. *Change of place of registered office is -			
<input checked="" type="radio"/> Within the same city/town/village.			
<input type="radio"/> From one place to another place within the same State.			
<input type="radio"/> Within the State from the jurisdiction of one Registrar to the jurisdiction of another Registrar.			
<input type="radio"/> Change of place of the registered office from one State to another State.			
8. Dates of publication of public notice in the newspapers		(DD/MM/YYYY)	
(Applicable where change of place of the registered office is from one State to another).			
9. *Date on which consent has been taken under sub-rule (1) of Rule 17	16/04/2018	(DD/MM/YYYY)	

Attachments

1. *Proof of changed address of registered office.
2. Copy of the minutes of decision/resolution/consent of partners.
3. The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any.
4. Copies of public notice, if applicable.
5. Consent of secured creditors, if applicable.
6. Optional attachment(s)- if any.

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List of attachments

- Resolution.pdf
- Resolution Address Change.pdf

Verification

- * To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete
- * I, being a designated partner of the LLP, am authorized to sign and submit this form.

To be digitally signed by

Designated Partner



*Designated Partner Identification Number (DPIN)

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

- Company Secretary in whole time practice
- Chartered Accountant in whole time practice
- Cost Accountant in whole time practice

*Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number



This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.