XXXX XXXXXXX LLP

LLPIN: XXXXXXX · Registered office: XXXX XXXXXXX, XXXXXX - XXXXXX

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE DESIGNATED PARTNERS AT THEIR MEETING HELD ON XX.XX.XXXX AT XXXX HOURS AT THE REGISTERED OFFICE OF THE LLP

Application for closure / strike off of the LLP

"RESOLVED THAT pursuant to the Limited Liability Partnership Act, 2008 and the rules made under it, and in accordance with the LLP Agreement, the consent of all the partners be and is hereby accorded to apply to the Registrar of Companies, XXXXXX, for striking off the name of XXXX XXXXXXX LLP (LLPIN XXXXXXX) from the Register of Limited Liability Partnerships.

RESOLVED FURTHER THAT any of the Designated Partners be and is hereby authorised, severally and jointly, to sign and submit Form 24 (application for striking off the name of the LLP) on the MCA portal, sign all documents required, make any changes the Registrar asks for, correspond with the Registrar and other authorities, and do all acts necessary to give effect to this resolution."

Confirmation. We, the undersigned Designated Partners, confirm that the LLP has no liabilities, no assets and no pending legal proceedings as on the date of this resolution.

(Signature) _____ XXXX XXXXXXX, Designated Partner, DPIN XXXXXXXX

(Signature) _____ XXXX XXXXXXX, Designated Partner, DPIN XXXXXXXX

Place: XXXXXX · Date: XX.XX.XXXX