



Appointment of Director

Company Name: **ASSOCIATION OF BUSINESS RECOVERY PROFESSIONALS**

Company Number: **02553435**



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XC2SKUZM

New Appointment Details

Date of Appointment: **27/04/2023**

Name: **MRS MARIA ANN STRONG**

The company confirms that the person named has consented to act as a director.

Service Address: **44 PLOVER ROAD
LEIGHTON BUZZARD
BEDFORDSHIRE
ENGLAND
LU7 4AW**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/12/1971**

Nationality: **BRITISH**

Occupation: **INSOLVENCY PRACTITIONER**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor