



## Appointment of Director

Company Name: **MIRAMEDE LIMITED**

Company Number: **02656535**



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XCAJLRAH

### New Appointment Details

Date of Appointment: **20/08/2023**

Name: **MS ANN CAIN**

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

Service Address: **WINDFALL SANDS ROAD  
SLAPTON  
KINGSBRIDGE  
DEVON  
ENGLAND  
TQ7 2QN**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/08/1965**

Nationality: **BRITISH**

Occupation: **RETIRED**

## **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**