



**Appointment of corporate member of
a Limited Liability Partnership (LLP)**

LLP name in full: **GROUP ANAESTHETIC SERVICES LLP**

LLP Number: **OC361133**



Received for filing in Electronic Format on the: **23/04/2014**

X36EQ708

New Appointment Details

Date of Appointment: **06/04/2014**

Name: **CF ANAESTHESIA LIMITED**

Consented to Act: **YES**

Registered or Principal
Office Address: **28A THE HUNDRED
ROMSEY
HAMPSHIRE
ENGLAND
SO51 8BW**

European Economic Area (EEA) Company

Register Location: **UNITED KINGDOM**

Registration Number: **08898159**

I consent to act as member of the above named LLP.

Authorisation

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.