



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

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

LLP Number: **OC361133**



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New Appointment Details

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

Name: **DOCMANDU LIMITED**

Consented to Act: **YES**

Registered or Principal
Office Address: **10 KIMBERLEY ROAD
POOLE
DORSET
ENGLAND
BH14 8SQ**

European Economic Area (EEA) Company

Register Location: **UNITED KINGDOM**

Registration Number: **08919981**

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.