



**Appointment of Member of a
Limited Liability Partnership (LLP)**

LLP name in full: **WALDKRAFT LLP**

LLP Number: **OC425117**



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New Appointment Details

Date of Appointment: **02/09/2019**

Name: **MR HEIKO SCHROTER**

The Limited Liability Partnership (LLP) confirms that the person named has consented to act as a designated member.

Appointment is for a Member

Service Address: **85 C/O WALDKRAFT LLP
85 GREAT PORTLAND STREET
LONDON
UNITED KINGDOM
W1W 7LT**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/01/1971**

Authorisation

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.