



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

LLP name in full: **NORTH WALES ORTHOPAEDICS AND HEALTH LLP**

LLP Number: **OC429595**



AA3E9S95

Received for filing on the: **28/04/2021**

New Appointment Details

Date of Appointment: **05/04/2021**

Name: **MR THOMAS HUNTER**

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 recorded as LLP's registered office

Country/State Usually **ENGLAND**
Resident:

Date of Birth: ****/03/1983**

Authorisation

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.