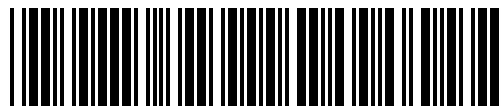




Appointment of Director

Company Name: **BYPASS NURSERIES LSPV LIMITED**

Company Number: **08476135**



Received for filing in Electronic Format on the: **17/07/2023**

XC7XLRRV

New Appointment Details

Date of Appointment: **15/07/2023**

Name: **JONAS KUHLMANN**

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

Service Address: **GROSSE ELBSTRASSE 59
HAMBURG
GERMANY
22767**

Country/State Usually Resident: **GERMANY**

Date of Birth: ****/09/1994**

Nationality: **GERMAN**

Occupation: **NONE**

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