



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

LLP name in full: **EUROFINANZZA INCORPORATION SERVICES LLP**

LLP Number: **OC314182**



X4CM98FC

Received for filing in Electronic Format on the: **28/07/2015**

New Appointment Details

Date of Appointment: **28/07/2015**

Name: **HIGHLIGHT CONSULTING LIMITED**

Consented to Act: **YES**

Appointment is for a Member

Registered or Principal Office Address: **GLOBAL GATE 8 RUE DE LA PERLE
PROVIDENCE
MAHE
SEYCHELLES**

Non European Economic Area (EEA) Company

Legal Form: **INTERNATIONAL BUSINESS COMPANY**

Law Governed: **INTERNATIONAL BUSINESS COMPANIES ACT 1994**

Register Location: **SEYCHELLES**

Registration Number: **107846**

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.