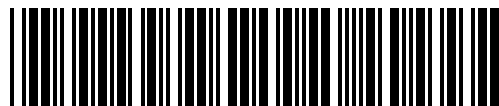




## Appointment of Director

Company Name: **POLLEN HEALTH LIMITED**

Company Number: **07839170**



Received for filing in Electronic Format on the: **27/06/2022**

XB70Y3IB

### New Appointment Details

Date of Appointment: **13/06/2022**

Name: **MR BRENDAN FERRETTI**

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

Service address recorded as Company's registered office

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

Date of Birth: **\*\*/05/1979**

Nationality: **AMERICAN**

Occupation: **DIRECTOR**

## **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**