



Appointment of Director

Company Name: **LITE-WAVES THERAPEUTIC EDUCATION C.I.C.**

Company Number: **09359038**



Received for filing in Electronic Format on the: **15/07/2020**

X99C0NQ2

New Appointment Details

Date of Appointment: **14/06/2020**

Name: **MISS LASHELLE MCDONALD**

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: **ENGLAND**

Date of Birth: ****/11/1996**

Nationality: **BRITISH**

Occupation: **EVENTS**

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