



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

LLP name in full: **SOUTHAMPTON ANAESTHETIC SERVICE LLP**

LLP Number: **OC429102**



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New Appointment Details

Date of Appointment: **31/01/2023**

Name: **DR KATE STODDARD**

The Limited Liability Partnership (LLP) confirms that the person named has consented to act as a non-designated member.

Service Address recorded as LLP's registered office

Country/State Usually **ENGLAND**

Resident:

Date of Birth: ****/11/1985**

Authorisation

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.