



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

LLP name in full: **BEACON HOMECARE PARTNERS LLP**

LLP Number: **OC435493**



Received for filing in Electronic Format on the: **02/03/2021**

X9ZFEYT7

New Appointment Details

Date of Appointment: **11/02/2021**

Name: **MRS RACHEL WEST**

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: ****/09/1972**

Authorisation

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.