



Appointment of Director

Company Name: **LLANWONNO ESTATES LIMITED**

Company Number: **12181858**



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New Appointment Details

Date of Appointment: **06/06/2023**

Name: **MR OWAIN MEALING**

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

Service Address: **TY DEDWYDD 29 LLANWONNO ROAD
YNYSHIR
PORTH
MID GLAMORGAN
WALES
CF39 0HU**

Country/State Usually Resident: **WALES**

Date of Birth: ****/06/1984**

Nationality: **BRITISH**

Occupation: **OPTOMETRIST**

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