



Appointment of Director

Company Name: **CABI EXPERIENCE, LTD**

Company Number: **10091265**



Received for filing in Electronic Format on the: **17/07/2020**

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## New Appointment Details

Date of Appointment: **05/06/2020**

Name: **KATIE MALONE**

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

Service Address: **21750 ARNOLD CENTRE ROAD  
CARSON  
CALIFORNIA  
UNITED STATES  
90810**

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

Date of Birth: **\*\*/09/1982**

Nationality: **AMERICAN**

Occupation: **PRESIDENT**

## 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