

Resignation of director or secretary Please complete in typescript, or in bold black capitals.

00852588

Form revised March 1995

Company Number

C	ompany Name in full	JOHN ROBERTS (FFESTINIOG)
*F 288	B 0 1 9 *	LIMITED
Resignation form	Date of resignation Resignation as director	Day Month Year 29 05 98 Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME *Style / Title	MR. *Honours etc
Please insert details as previously notified to Companies Hou	Forename(s)	JOHN
	Surname	ROBERTS
	†Date of Sirth sation is other than ation, please state reason	Day Month Year 29 04 35
A serving director, secretary etc must sign the form below. Signed Mult Date 29.5.98. *Voluntary details. † Directors only. Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query. A serving director, secretary etc must sign the form below. Date 29.5.98. *TACUSONS 65 SCARISBRICK NEW ROAD SOUTHPORT MERSETSIDE PR8 6LF Tel		
the person Cor contact if there	mpanies House should	PR8 6LF Tel

DX number

Registrar of Companies at:

for companies registered in Scotland

DX exchange

DX 33050 Cardiff

DX 235 Edinburgh

When you have completed and signed the form please send it to the

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales