



Termination of a Director Appointment

Company Name: **DISABLED LIVING FOUNDATION**

Company Number: **01837993**



Received for filing in Electronic Format on the: **03/12/2014**

X3LXCA20

Termination Details

Date of termination: **28/11/2014**

Name: **MRS ALISON SCHOFIELD**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Liquidator, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.