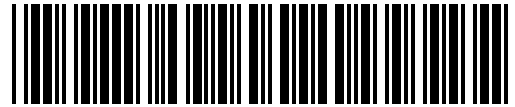




## Termination of a Director Appointment

Company Name: **HOSPICE OF ST. MARY OF FURNESS**

Company Number: **02016831**



Received for filing in Electronic Format on the: **10/08/2023**

XC9L468X

### Termination Details

Date of termination: **10/08/2023**

Name: **MRS ESTHER KIRBY**

### 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.