



Termination of a Director Appointment

Company Name: **ACADEMY INSURANCE SERVICES LIMITED**

Company Number: **03041967**



Received for filing in Electronic Format on the: **23/07/2023**

XC8DPKDC

Termination Details

Date of termination: **30/06/2023**

Name: **MR NEIL TURNER**

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.