

288b

Please complete in typescript, or in bold black capitals.

## Resignation of director or secretary

Company Number		3136345			
Company Name in full  X F 2 8 8 B 0 1 9 *			62 Pattison	Road LX	d
	Resigna NAME se.	*Style / Title  Forename(s)  Surname  †Date of Birth er than e state reason	Day Month Year  12 12 95  as secretary  MRS  MIRIAM  You NGER  Day Month Year	Please mark the a is as a director ar *Honours etc	appropriate box. If resignation and secretary mark both boxes.
* Voluntary details. † Directors only.  Please give the telephone number the person Commontact if there is  A22 *A COMPANIES  Form revised Ma	per and, if and Exc panies Hore s any query 91411H5* HOUSE 25	address, available, hange of use should '.		Da ninistrator / administrativ  Tel  DX exchange and signed the form The Way, Cardiff, CI England and Wallestle Terrace, Edir	e receiver / receiver manager / receiver)  m please send it to the  4 3UZ DX 33050 Cardiff es or