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Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

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	Company Number	3786048		
	ompany Name in full	OVE LIMITED		
Resignation form	Date of resignation	l ac coorotory I V I	Please mark the appropriate box. If resignation	
	NAME *Style / Title	*Hon	ours etc	
	Forename(s) Surname e. †Date of Birth tion is other than tion, please state reason	YORK PLACE COMPANY SECRETARIES LIMITED Day Month Year		
telephone number	Signed e name, address, er and, if available, and Exchange of	A serving director, secretary etc m A serving director, secretary etc m A serving director / secretary / administrator / a YORK PLACE COMPANY SI	Date administrative red	10-6-99 ceiver / receiver manager / receiver
	anies House should	12 YORK PLACE LEEDS LS1 2DS DX 26436 LEEDS 2 TEL: 0113 242 0222 FAX: 0113 242 5904		
	77YVH68* 232 HOUSE 14/06/99	When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh		