



## Termination of a Director Appointment

Company Name: **PENINSULA COMMUNITY HEALTH C.I.C.**

Company Number: **07564579**



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### Resignation Details

Date of resignation: **27/02/2014**

Name: **MRS HEATHER MULLIN**

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### 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.