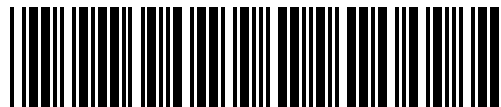




## Appointment of Director

Company Name: **ATLANTIC WAY CARE LIMITED**

Company Number: **11588109**



Received for filing in Electronic Format on the: **17/09/2021**

XAD80LEY

### New Appointment Details

Date of Appointment: **26/08/2021**

Name: **CLAIRE JANE LEAKE**

The company confirms that the person named has consented to act as a director.

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/05/1973**

Nationality: **BRITISH**

Occupation: **PEOPLE DIRECTOR**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

**Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor**