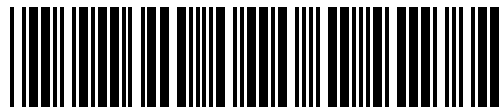




## Termination of a Director Appointment

Company Name: **LEICESTER SOCIAL AND HEALTH CARE LTD**

Company Number: **13621202**



Received for filing in Electronic Format on the: **20/01/2022**

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### Termination Details

Date of termination: **20/01/2022**

Name: **DR AMIT RASTOGI**

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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.