



Companies House

# LLCS01 (ef)

## Confirmation Statement

Company Name: **ONE HEALTH GROUP SHEFFIELD LIMITED LIABILITY PARTNERSHIP**

Company Number: **OC316271**



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LLP name in full: **ONE HEALTH GROUP SHEFFIELD LIMITED LIABILITY PARTNERSHIP**

LLP Number: **OC316271**

Confirmation **21/11/2018**

Statement date:

## **Confirmation Statement**

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

# Authorisation

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.