



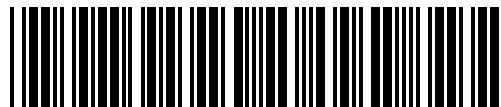
Companies House

LLCS01 (ef)

Confirmation Statement

Company Name: **APIRA HEALTH SOLUTIONS LIMITED LIABILITY PARTNERSHIP**

Company Number: **OC347987**



Received for filing in Electronic Format on the: **18/08/2021**

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LLP name in full: **APIRA HEALTH SOLUTIONS LIMITED LIABILITY PARTNERSHIP**

LLP Number: **OC347987**

Confirmation Statement date: **18/08/2021**

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.