

Please complete in typescript, or in bold black capitals. CHFP000

**Company Number** 

## **RESIGNATION** of director or secretary (NOT for appointment (use Form 288a) or change

of particulars (use Form 288c))

LIMITED

2711056

CARE

REFLEX

Company	Name	in	ful
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Resignation form		e of resignation	18	012	101010					
	Resigna	ation as director	<b>/</b>	a	s secretary				oox. If resigr mark both b	
	NAME	*Style / Title		Ma.		*Hon	ours etc			
Please insert details as previously		Forename(s)	A,	<b>1025</b> 5	WILL	AM				
notified to Companies Hou	liee.	Surname	١	BRYME	R					
Companies not	use.		Day	Month	Year					
		<sup>†</sup> Date of Birth	1 3	1 2 1	958					
If cessation is other than resignation, please state reason										
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Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.



COMPANIES HOUSE

19/01/00

Form revised July 1998

A serving director, secretary etc must sign the form below

	Date	
** serving director / secretary / administrator / ad	Iministrative recei	ver / receiver manager / Teceiver)

Tel DX number DX exchange

When you have completed and signed the form please send it to the Registrar of Companies at:

for companies registered in Scotland

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

<sup>\*</sup> Voluntary details. † Directors only.

<sup>\*</sup> Delete as appropriate