



Termination of a Director Appointment

Company Name: **PRO INSURANCE SOLUTIONS LIMITED**

Company Number: **02801404**



Received for filing in Electronic Format on the: **27/03/2014**

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Resignation Details

Date of resignation: **24/03/2014**

Name: **MR DAVID ANDREW VAUGHAN**

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.