

Please complete in typescript

288b

Terminating appointment as director or secretary

or in bold black of CHWP000	- •	oript,	(NO	T for a				rm 288a) or chan Form 288c))	ge
	Comp	any Number	03215	790					
Co	mpany	Name in full	LEELA	ND LIN	MITED				_
						<u></u>	<u></u>		
			Day	Month	Yea	ar			
Date of te	rmination	of appointment	3 0	0 6	2 0	0 5			
		as director	i/		as seci	etary		ark the appropriate box. If termi ent as a director and secretary i s.	
	NAME	*Style / Title	MR				*Honours etc		
Please insert details as		Forename(s)	GEOFF	REY M	IICHAEL				
previously notified to Companies House	2	Surname	CROW	Æ					
companies i lous	J.		Day	Month	Ye	ar			
		[†] Date of Birth	0 5	1 0	1 9	4 7]		

A serving director, secretary etc must sign the form below.

* Voluntary details.		Signed
† Directors only.		
** Delete as appropriate		

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public



	0	Date
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(** serving director / secretary / administrator / administrative receiver / receiver manager / receiver)

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or LP - 4 Edinburgh

UR SEASONS HEALTH CARE LIMITED,
T, ALDERLEY ROAD, WILMSLOW, CHESHIRE
Tel 01625 417 806
DX exchange

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

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh