



## Appointment of Director

Company Name: **ASPIRATIONS CARE LIMITED**

Company Number: **05110576**



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### New Appointment Details

Date of Appointment: **01/05/2023**

Name: **MRS LAURA ANN DAVIES**

The company confirms that the person named has consented to act as a director.

Service Address: **C/O ASPIRATIONS CARE LIMITED  
BIZ SPACE CORINIUM AVENUE  
GLOUCESTER  
ENGLAND  
GL4 3HX**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/01/1980**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

**Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor**