



Termination of a Director Appointment

Company Name: **CAPSTONE FOSTER CARE (NORTH) LIMITED**

Company Number: **05265423**



Received for filing in Electronic Format on the: **30/06/2020**

X98ATRWR

Termination Details

Date of termination: **30/06/2020**

Name: **MRS ALISON SARGENT**

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.