



Termination of a Director Appointment

Company Name: **ALPHA CARE HOMES LIMITED**

Company Number: **05401770**



Received for filing in Electronic Format on the: **06/10/2015**

X4HGTPWR

Termination Details

Date of termination: **29/09/2015**

Name: **MRS PATRICIA MAUREEN HODGKINSON**

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.