



Termination of a Director Appointment

Company Name: **POOL FARM VETERINARY PRACTICE LIMITED**

Company Number: **06433984**



Received for filing in Electronic Format on the: **02/10/2019**

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Termination Details

Date of termination: **30/09/2019**

Name: **MRS AMANDA DAVIS**

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.