



Termination of a Director Appointment

Company Name: **HALE HEALTH ACTION LOCAL ENGAGEMENT**

Company Number: **06443243**



Received for filing in Electronic Format on the: **13/07/2016**

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Termination Details

Date of termination: **17/06/2016**

Name: **MS CLAIRE FIONA WHITE**

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.

