



Termination of a Director Appointment

Company Name: **FAMILY FOSTER CARE (REGIONAL) LIMITED**

Company Number: **07150099**



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XBVAWMJT

Termination Details

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

Name: **MR GRANVILLE PAUL ORANGE**

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.