

## **CH01** (ef)

## **Change of Particulars** for Director



ALL SEASONS HOME CARE (CARLISLE) LIMITED Company Name:

07347506 Company Number:

Received for filing in Electronic Format on the: 26/10/2017

Details Prior to Change

MRS NINA GLARVEY GLARVEY Original Name:

\*\*/05/1961 Date of Birth:

New Details

Date of Change: 18/08/2017

New Name: MRS NINA GLARVEY

## Authorisation

1211	hon	itio.	ated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver Manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.