



**Statement of satisfaction  
in full or in part of charge**

Company Name: **HIGHPOINT CARE (WEST DERBY) LIMITED**

Company Number: **08932657**



Received for filing in Electronic Format on the: **18/09/2023**

XCCBPWDS

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**Details of Satisfaction**

Charge created (or property acquired) on or after 6th April 2013.

Charge code: **0893 2657 0001**

Satisfaction of  
charge: **In full**

Details of the person delivering this statement and their interest in the charge

Name: **RONAN MCGEE**

Address: **ONE DERBY SQUARE LIVERPOOL ENGLAND L2 9XX**

Interest: **SOLICITOR FOR THE CHARGE**

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**Authentication of Form**

This form was authorised by: **a person with an interest in the registration of the charge.**