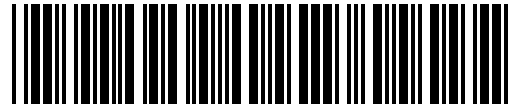




## Termination of a Director Appointment

Company Name: **NUMBER 9 DENTAL CARE LIMITED**

Company Number: **08940746**



Received for filing in Electronic Format on the: **09/05/2024**

XD2QNCV4

### Termination Details

Date of termination: **01/05/2024**

Name: **MRS CARON LESLEY BEST**

### 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.