



Change of Particulars for Director

Company Name: **FOLKES MEDICAL LIMITED**

Company Number: **09617328**



Received for filing in Electronic Format on the: **01/06/2022**

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Details Prior to Change

Original name: **MRS SHELLEY LOUISA FOLKES**

Date of Birth: ****/01/1978**

New Details

Date of Change: **13/05/2022**

Country/State Usually
Resident **UNITED KINGDOM**

Authorisation

Authenticated

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