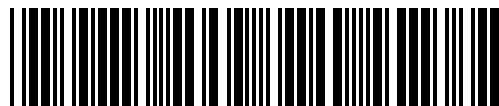




## Termination of a Director Appointment

Company Name: **LOCAL PENSIONS PARTNERSHIP ADMINISTRATION LTD**

Company Number: **09985860**



Received for filing in Electronic Format on the: **03/01/2024**

XCTY76NC

### Termination Details

Date of termination: **31/12/2023**

Name: **MR ALAN SCHOFIELD**

### 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.