

## **Confirmation Statement**

Company Name: ALL ASPECTS HEALTH & SOCIAL CARE SERVICES LIMITED

Company Number: 10564538

Received for filing in Electronic Format on the: **17/01/2023** 

**XBVDOAZE** 

Company Name: ALL ASPECTS HEALTH & SOCIAL CARE SERVICES LIMITED

Company Number: 10564538

Confirmation **15/01/2023** 

Statement date:

## **Confirmation Statement**

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

10564538

**Electronically filed document for Company Number:** 

## **Authorisation**

Authenticated This form was authorised by one of the following:
Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor

10564538

**End of Electronically filed document for Company Number:**