



## Appointment of Director

Company Name: **HMO SERVICES LIMITED**

Company Number: **11757513**



Received for filing in Electronic Format on the: **09/03/2021**

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### New Appointment Details

Date of Appointment: **09/03/2021**

Name: **MRS SHARON BURTON**

The company confirms that the person named has consented to act as a director.

Service Address: **UNIT 6 ASH LANE GARFORTH  
LEEDS  
WEST YORKSHIRE  
UNITED KINGDOM  
LS25 2HG**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/05/1974**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

## **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**