



**Statement of satisfaction
in full or in part of charge**

Company Name: **ARIYA NEURO CARE (RESIDENTIAL) LIMITED**

Company Number: **12713702**



Received for filing in Electronic Format on the: **14/08/2023**

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Details of Satisfaction

Charge created (or property acquired) on or after 6th April 2013.

Charge code: **1271 3702 0001**

Satisfaction of
charge: **In full**

Details of the person delivering this statement and their interest in the charge

Name: **MITCHELLS CHARTERED ACCOUNTANTS**

Address: **91-97 SALTERGATE CHESTERFIELD ENGLAND S40 1LA**

Interest: **PRESENTER ACTING ON BEHALF OF COMPANY**

Authentication of Form

This form was authorised by: **a person with an interest in the registration of the charge.**