



Companies House

LLCS01_(ef)

Confirmation Statement

Company Name: **WOODSIDE MEDICAL PRACTICE LLP**

Company Number: **SO304909**



Received for filing in Electronic Format on the: **09/05/2022**

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LLP name in full: **WOODSIDE MEDICAL PRACTICE LLP**

LLP Number: **SO304909**

Confirmation **07/05/2022**

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

Authorisation

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.