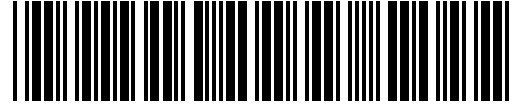




## Termination of a Director Appointment

Company Name: **DISABILITY SHEFFIELD CENTRE FOR INDEPENDENT LIVING LIMITED**

Company Number: **04639160**



Received for filing in Electronic Format on the: **29/11/2022**

XBHTMCG2

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### Termination Details

Date of termination: **18/11/2022**

Name: **MR NEIL GORDON SIMPSON**

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### 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.