

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

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02686265

Company Name in full

STABLEFIRST



Resignation form	Date	e of resignation	Day 🖁	Month 3	Year 96	·	
	Resigna	ation as director		as secr	retary	Please mark the appropriate box. If re is as a director and secretary mark bo	•
	NAME	*Style / Title	n	R		*Honours etc	
Please insert details as		Forename(s)	A	LAN]		
previously notified to Companies House	∋ .	Surname	Bu	-AV	Œ		
			Day	Month	Year		
		[†] Date of Birth					
	ation is oth	er than se state reason		·	·		_

Signed

serving director, secretary etc must sign the form below.

Date

(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.



Form revised March 1995

* Voluntary details. † Directors only.

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When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh