



## Termination of a Director Appointment

Company Name: **CABI EXPERIENCE, LTD**

Company Number: **10091265**



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### Termination Details

Date of termination: **05/08/2019**

Name: **MS LYNNE COTE MEREDITH**

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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.