

## **Confirmation Statement**

Company Name: NORTH BEDFORDSHIRE HOSPICE CARE LIMITED

Company Number: 02572949

I for filing in Flootropic Format on the 04/04/2024

Received for filing in Electronic Format on the: **04/01/2024** 

Company Name: NORTH BEDFORDSHIRE HOSPICE CARE LIMITED

Company Number: 02572949

Confirmation 31/12/2023

Statement date:

## **Confirmation Statement**

confirm that all information required to be delivered by the company to the registrar in relation to he confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement	

02572949

**Electronically filed document for Company Number:** 

## **Authorisation**

Authenticated This form was authorised by one of the following: Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor