G

CHFP080

Please do not

Notice of appointment of liquidator

Voluntary winding up (Members or Creditors)

FORM No. 600

600

Write in this margin
Please complete
legibly
preferably
in black type or
bold block
lettering
*Insert full name

of company

Pursuant to section 10	9 of the Insolvency Act 19	986			
To the Registrar of Companies (Address Overleaf)		For offic	ial use	Company number	
Name of Company					
* M S 2010 Limited (fo	rmerly Medisure Services	s Limited) (In Liqu	udation)		
Nature of Business					
Non-trading/Dormant (Company				
I give notice that I have 6 May 2010	e been appointed liquidate	or of the above co	ompany on		
The appointment was I	by the Members				
Type of liquidation Me	mbers' Voluntary Liquidat	tion			
Name of Liquidator Office holder number Address	Brian Tuite 5853 Bentima House 168-172 Old Street London ECTV 98P				
Signature Sui S			Date 7 May 2010		
Name of Liquidator					
Office holder number Address					
Signature			Date		

Presentor's name and address and reference (If any) MSL

Brian Tuite Broughton Tuite Tan & Co Bentima House 168-172 Old Street

London EC1V 9BP

Time Critical Reference

For Official Use General Section

Post room

SATURDAY

A48

15/05/2010 COMPANIES HOUSE

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