CHFP080

FORM No. 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

600

Please do not

Write in this margin

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

of company

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies (Address Overleaf)		For official use	Company number
			01796211
Name of Company			
* Blevins Franks Holding	s Limited		
Nature of Business			
Management services			
I give notice that I was ap	ppointed as liquidator of the	above company on 4 Fe	ebruary 2014
Type of liquidation mem	bers		
Office holder number Address	M Jacobson MABRP FIPA 11590 Gable House 239 Regents Park Road London N3 3LF		
Signature	~ ~	Date 5 Fe	ebruary 2014
Name of Liquidator Office holder number Address			
Signature			
Presentor's name and ac reference (If any)	Idress and For Official U	I I	nst room

M Jacobson MABRP FIPA Streets SPW Plc Gable House 239 Regents Park Road London **N3 3LF**

Time Critical Reference

06/02/2014 COMPANIES HOUSE