CHFP080

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

FORM No. 600

Time Critical Reference

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 Insolver	ncy Act 1986		
To the Registrar of Companies (Address Overleaf)	For offici	ial use	Company number
Name of Company			
* A & L CF June (4) Limited			-
Nature of Business			
Financial leasing			
I/We give notice that I/We have been 9 September, 2009	appointed liquidator(s) of the	e above compa	any on
The appointment was by Members			
Type of liquidation Members			
Name of Liquidator Office holder number Address Address Tavistock Ho Tavistock Sq London WC1H 9LG	use South		
Signature		Date: 09/09/2009	
Name of Liquidator Office holder number Address			
Signature		Date	
Presentor's name and address and reference (If any): ALCFJ01 Kevin Goldfarb Griffins	For Official Use General Section	Post	room
Tavistock House South Tavistock Square London WC1H 9LG		ĀĀ	

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15/09/2009 **COMPANIES HOUSE**

141