

G

FORM No. 600

600

CHFP080

Please do not write in
this marginPlease complete
legibly preferably
in black type or
bold
block lettering* Insert full name of
company**Notice of appointment of
liquidator
Voluntary winding up
(Members or Creditors)**

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies
(Address overleaf)

For official use

Company Number

--	--	--

02785353

Name of Company

* Retail Safers Limited

Nature of business

Retail Security Accessories

I/We give notice that I/We have been appointed liquidator(s) of the above company on 26th June 2009

The appointment was by: Order of the Court 15296 of 2009

Type of liquidation: Creditors

Name of Liquidator	Dominik Czerwinke
Office holder number	009636
Address	The Old Exchange 234 Southchurch Road Southend on Sea SS1 2EG

Signature *[Signature]*

Date 10/08/09

Name of Liquidator
Office holder number
Address

Signature

Date

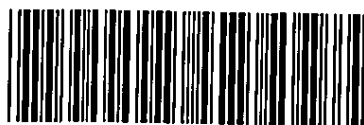
Presenter's reference, name and
address
(if any):R7990
Bebbies Traynor
The Old Exchange
234 Southchurch Road
Southend on Sea
SS1 2EG

Time Critical Reference

For Official Use
General Section

Post room

SATURDAY



AD9CNCFM

A28

15/08/2009

79

COMPANIES HOUSE