G

CHFP080

Please do not Write in this margin

Please complete legibly preferably

in black type or bold block lettering *Insert full name of company FORM No. 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors) 600

Pursuant to section 109 of the Insolvency Act 1986

Tursuant to section 109 of the 1	isolvency Act 1760		
To the Registrar of Companies (Address Overleaf)		For official use	Company number
			03335692
Name of Company			
* AHCOM LIMITED			
Nature of Business			
Retail in non-specialised Stores	S		
I/We give notice that I/We hav 20 October 2014	e been appointed liquid	ator(s) of the above company	/ on
The appointment was by Memi	bers and Creditors		
Type of liquidation Creditors			
Name of Liquidator A J Office holder number 008'	Findlay 744		
	llay James on House		
Saxo	on Way Itenham GL5276QX		
Signature	- 0 22.00%	Date 21 C	October 2014
			
Name of Liquidator Office holder number Address			
Signature		Date	······································
Presenter's name and address a	ınd		
reference (If any) AHCOM01	For Official General Sec		ost room
A I Findley	30110101 300	^	~~~~~

reference (If any)
AHCOM01
A J Findlay
Findlay James
Saxon House
Saxon Way
Cheltenham GL52 6QX

Time Critical Reference





A3JGKH11
A18 28/10/2014
COMPANIES HOUSE