

G

## Notice of appointment of liquidator

Voluntary winding up  
(Members or Creditors)

Pursuant to section 109 of the Insolvency Act 1986

Please do not  
write in  
this marginPlease complete  
legibly, preferably  
in black type or  
bold block lettering\* Insert full  
name  
of company

To the Registrar of Companies

For official use

Company Number

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3758694

Name of company

A &amp; M DAY NURSERIES LIMITED

Nature of Business


General commercial

I give notice that I have been appointed liquidator of the above company

on 9th September 2009

The appointment was by the company confirmed by creditors

Type of liquidation creditors' voluntary liquidation

Name of Liquidator	G K Rooney
Office holder number	7529
Address	2 <sup>nd</sup> Floor, 19 Castle Street, Liverpool, L2 4SX
Signature	 Date 9th September 2009

Name of Liquidator	
Office holder number	
Address	
Signature	Date

Presenter's name and address and  
reference (if any)GK Rooney, Rooney  
Associates, 2nd Floor, 19  
Castle Street, Liverpool, L2  
4SX GKR

Time Critical Reference

For official use  
General

THURSDAY



\*P4QD8D5M\*

PC4

10/09/2009

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COMPANIES HOUSE