**CHFP080** 

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

Please do not

**FORM No. 600** 

Write in this margin Please complete legibly preferably in black type or bold block lettering \*Insert full name

of company

Pursuant to section 10	9 of the Insolvency Act 1986	5	
To the Registrar of Co (Address Overleaf)	mpanies	For official use	Company numbe
Name of Company			
* Natural Solutions (So	outh Wales) Limited		
Nature of Business		" " " " " " " " " " " " " " " " " " " "	
Cleaning & environme	ntal services		
6 July 2017	e been appointed liquidator by Members and Creditors editors	of the above company on	
Name of Liquidator Office holder number Address	Samantha Hawkins 12770 No 5 The Old Parsonage Redcroft Redhill BS40 5SL	Date 07.07.17	
Name of Liquidator Office holder number Address			

Signature Date

Presentor's name and address and reference (If any): NATU001 Samantha Hawkins Hawkins Insolvency Limited No 5 The Old Parsonage Redcroft Redhill **BS40 5SL** 

**Time Critical Reference** 

For Official Use **General Section** 

