

G

FORM No. 600

600

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

CHWP000

Please do not
write in
this margin

Pursuant to section 109 of the Insolvency Act 1986

Please complete
legibly, preferably
in black type, or
bold block letteringTo the Registrar of Companies
(Address overleaf)

For official use

Company number

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04209634

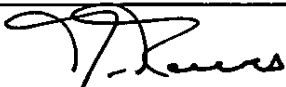
Name of company

* insert full name
of company

*ABRO OFFICE SUPPLIES LIMITED

Nature of Business

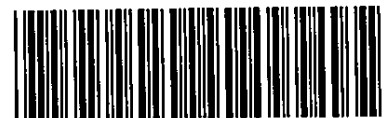
WHOLESALE OF OTHER OFFICE MACHINERY,
& EQUIPMENTI / We give notice that I / we have been appointed liquidator(s) of the above company
on 20 December 2011† delete as
appropriateThe appointment was by ~~the company~~ ~~the creditors~~† ORDER OF THE COURTType of liquidation ~~Members~~† [Creditors]†

Name of Liquidator Michael Leslie Reeves	
Office holder number 7882	
Address Robson Scott Associates, 49 Duke Street, Darlington, County Durham, DL3 7SD	
Signature 	Date 27-01-12

Name of Liquidator	
Office holder number	
Address	
Signature	Date

Presenter's name address and
reference (if any)For official Use (02/06)
General Section

SATURDAY

*A14VNSAJ*
A23 17/03/2012 #160
COMPANIES HOUSE

Time Critical Reference