CHFP080

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

FORM No. 600

600

Please do not Write in this margin

Please complete legibly preferably in black type or bold block lettering *Insert full name

of company

Pursuant to section 109 of the Insolvency Act 1986

r disdant to section 100 of the mis-	51101107 7101 1000		
To the Registrar of Companies (Address Overleaf)	For off	icial use	Company number
Name of Company			
* 7 Days Limited			
Nature of Business			
business management consultant	S		
IAWe give notice that IAWe have be 11 October, 2011 The appointment was by Member		the above comp	any on
	s & Creditors		
Type of liquidation Creditors			
Name of Liquidator Office holder number 9391 Address Prospect 11-13 Lor Tunbridge Kent, TN1	House isdale Gardens		
Signature	Weller	Date /	10/11
Name of Liquidator Office holder number Address			
Signature		Date	4* = -
Presentor's name and address and reference (If any) 7DAY1 Mark Willis	For Official Use General Section	Post	room

Buchlers LLP Prospect House 11-13 Lonsdale Gardens Tunbridge Wells Kent, TN1 1NU

Time Critical Reference

15/10/2011 **COMPANIES HOUSE**