

**G**

CHFP000

# **Notice of appointment of liquidator voluntary winding up (Members or Creditors)**

**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

To the Registrar of Companies  
(Address overleaf)

For official use

Company number

Name of company

04212375

Aaren Care Limited

Nature of Business

Provision of home care services

We give notice that we have been appointed liquidators of the above company

on 18 July 2008

The appointment was by [the company][the creditors]†

Type of liquidation [Members] [Creditors]†

† delete as  
appropriate

Name of Liquidator	PHILIP BOOTH
Office holder number	9470
Address	OMEGA COURT, 368 CEMETERY ROAD SHEFFIELD, S11 8FT
Signature	<i>P Booth</i>
Date	22 July 2008

Name of Liquidator	ADRIAN GRAHAM
Office holder number	8980
Address	OMEGA COURT, 368 CEMETERY ROAD SHEFFIELD, S11 8FT
Signature	<i>A Graham</i>
Date	22 July 2008

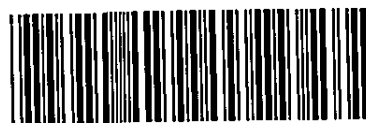
Presentor's name, address and  
reference (if any)

Time Critical Reference

For official Use  
General Section

Post room

THURSDAY



\*A5Q8R1OT\*

A25

24/07/2008

131

COMPANIES HOUSE