COMPANIES FORM No. 600 Notice of appointment of liquidator Voluntary winding up (Members or creditors)

Please do not write in this margin

Pursuant to section 109 of the Insolvency Act

Please complete legibly, preferably in black type, or bold block lettering
lettering

To the	Regie	trar of	Comr	ranies

For official use Company number 04352197

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*Insert full name of company

ABC CLAIMS LTD		

Nature of business:

Insurance Claims	 	

I give notice that I have been appointed liquidator of the above company on 20 December 2011

The appointment was by the creditors

*Delete as applicable

Type of liquidation - creditors

Name of liquidator	Kate Elizabeth Breese		
Office holder number	009730		
Address	Unit B Shipley Wharf, Wharf Street, Shipley West Yorkshire, BD17 7DW		
Signature Signature	Date 20 December 2011		

Name of liquidator		
Office holder number		
Address		
Signature	Date	20 December 2011

Presenter's name address and reference (if any)

For Official Use Liquidation Section

Post Room

Time critical reference

22/12/2011 COMPANIES HOUSE