CHFP080

Please do not

Write in this margin

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

FORM No 600

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

600

Pursuant to section 109 of the Ins	solvency Act 1986		
To the Registrar of Companies (Address Overleaf)		For official use	Company number
Name of Company			
ANDREW I WILLIAM	ns carinet	MAKERS LTD.	
Nature of Business			
MANUFACTURE OF OTI	HER FURNITURE	5 •	
₩www.give notice that ₩www.bi	een appointed liquida	itor(s) of the above comp	pany on He March 20
The appointment was by Creditor	rs		
Type of liquidation Creditors			
Name of Liquidator Helen Wh Office holder number 9680 Address 10 St Hele	nitehouse ens Road Swansea S	6A1 4AW	
Signature ( )	•	Date 5/	13/2015
Name of Liquidator Simon Ba Office holder number 11950 Address 10 St Hele	nriball ens Road Swansea S	A1 4AW	i
Signature		Date 5/	13/2015
Presentor's name and address and reference (If any)  McAlister & Co Insolvency	For Official Use General Section	Post	l room
Practitioners Ltd 10 St Helens Road		_	

Swansea **SA1 4AW** 

**Time Critical Reference** 



A19

07/03/2015 **COMPANIES HOUSE** 

#113