



CHFP080

FORM No 600

**Notice of appointment of liquidator
Voluntary winding up
(Members or Creditors)****600**Please do not
Write in this marginPlease 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

--	--	--

04516951

Name of Company

* A & M Lawlor Limited

Nature of Business

Retail Pharmacy

I give notice that I have been appointed liquidator of the above company on 18 March 2016

The appointment was by Members

Type of liquidation Members

Name of Liquidator	Timothy Heaselgrave
Office holder number	9193
Address	59 Worcester Road Bromsgrove Worcestershire B61 7DN

Signature

Date 21 March 2016

Name of Liquidator
Office holder number
Address

Signature

Date

Presenter's name and address and
reference (If any)
166-2016
Timothy Heaselgrave
The Timothy James Partnership Ltd
59 Worcester Road
Bromsgrove
Worcestershire
B61 7DN

Time Critical Reference

For Official Use
General Section

Post room

TUESDAY



A53ASU4Z

A20

22/03/2016

#67

COMPANIES HOUSE