**CHFP080** 

Notice of appointment of liquidator

**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

Voluntary winding up (Members or Creditors)

•	•					
Pursuant to section 109	9 of the Insolve	ency Act 1986				
To the Registrar of Companies (Address Overleaf)		For official use		icial use	Company number	
(Addition overlied)					04613120	
Name of Company						
* A & A Pharmaceutica	ls Limited					
Nature of Business					-	
Dispensing Chemist			-			
I/We give notice that I/\( 15\) October 2010  The appointment was to the state of liquidation Creening (I/O) in the state of the state	oy Members ar		dator(s) of	the above com	pany on	
Name of Liquidator	Gagen Dular	ı Sharma				
Office holder number Address	Office holder number 009145					
Signature	Grsnama			Date 18/10/10		
Name of Liquidator Office holder number Address						
Signature				Date		
Presentor's name and a reference (If any) A746 Gagen Duları Sharma Sharma & Co 257 Hagley Road	address and	For Official Us General Secti		ESDAY		

B16 9NA

Time Critical Reference

\*AQS6NOEN\* 20/10/2010 A23 COMPANIES HOUSE

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