G

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 Insolvency Act 1986

To the Registrar of Coi (Address Overleaf)	mpanies	For official use	04690506
Name of Company			
* Tracey Russell Greet	tings Cards Limited		
Nature of Business	-		-
Artistic and literary cre	ation		
I give notice that I have	e been appointed liquidator o	of the above company on 17	July 2014
The appointment was l		, ,	•
Type of liquidation Cre	editors		
Name of Liquidator Office holder number	Andrea Lynn Marshall 9398 Bulman House		
Address	Regent Centre, Gosforth Newcastle upon Tyne NE3 3LS		

Presentor's name and address and reference (If any) 1000230
Andrea Lynn Marshall Tait Walker
Bulman House
Regent Centre, Gosforth
Newcastle upon Tyne
NE3 3LS

Time Critical Reference

For Official Use General Section

Post room

ATURDAY



A16 02/08/2014 COMPANIES HOUSE

#57