



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

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05510695

Name of Company

* Belmont Medical Services Limited formerly AHA Medical Services Limited

Nature of Business

Wholesale of pharmaceutical goods

I give notice that I have been appointed liquidator of the above company on 13 February, 2015

The appointment was by Members and Creditors

Type of liquidation Creditors

Name of Liquidator	Kevin Lucas
Office holder number	9485
Address	32 Stamford Street Altrincham Cheshire WA14 1EX

Signature

Date

13/2/15

Name of Liquidator
Office holder number
Address

Signature

Date

Presentor's name and address and
reference (If any)A0019
Kevin Lucas
Lucas Johnson Limited
32 Stamford Street
Altrincham
Cheshire
WA14 1EX

Time Critical Reference

For Official Use
General Section

Post room

SATURDAY



A41QAPFU

A19

21/02/2015

#98

COMPANIES HOUSE