CHFP080

FORM No 600

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

600

Please do not Write in this margin

Please 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 offic | ial use | Company number |
| Name of Company * Surface Doctor (Europe) Limited | | | |
| Nature of Business | | | |
| Non trading company | | | |
| I give notice that I have been appointed liquidator of the above company on 7 March 2011 The appointment was by Court Order Type of liquidation Creditors Voluntary Liquidation | | | |
| Name of Liquidator Andrew W Shackleton Office holder number 009724 Address Bank House 7 Shaw Street Worcester WR1 3QQ Signature Date 25 3 46 | | | |
| Oignature | -0% - | <i>bate</i> 93 | -3-11 |
| Name of Liquidator Office holder number Address | | | |
| Signature | | Date | |
| | | | |
| Presentor's name and address and reference (If any) S000310 Andrew W Shackleton Ward & Co Bank House 7 Shaw Street Worcester WR1 3QQ Time Critical Reference | For Official Use General Section | Post ro | oom 71BSP4* |
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