

G**COMPANIES FORM No. 600****Notice of appointment of
liquidator****Voluntary winding up
(Members or creditors)****600**Please do not
write in this
margin**Pursuant to section 109 of the Insolvency Act
1986**Please complete
legibly, preferably
in black type, or
bold block
lettering**To the Registrar of Companies****For official use Company number**

			05665889
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Name of company*Insert full name
of company

European Care (Dartmouth) Limited

Nature of business

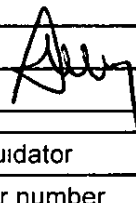
Healthcare services


We give notice that we have been appointed liquidator(s) of the above
company on

The appointment was by the creditors*

*Delete as
applicable

Type of liquidation creditors voluntary liquidation*

Name of liquidator	A P Beveridge
Office holder number	8991
Address	10 Fleet Place, London, EC4M 7RB
Signature 	Date 22 July 2015

Name of liquidator	A C O'Keefe
Office holder number	8375
Address	The Zenith Building, 26 Spring Gardens, Manchester, M2 1AB
Signature 	Date 22 July 2015

Name of liquidator	
Office holder number	
Address	
Signature	Date 22 July 2015

Presenter's name address and reference (if any)
Leeleya Bachoco
The Zenith Building, 26 Spring Gardens,
Manchester, M2 1AB

Time critical reference

Liquidation Sec

SATURDAY



A4CDDHRF

A05

25/07/2015

#54

COMPANIES HOUSE

CVL404