CHFP080

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

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

Pursuant to section 109 of the Insolvency Act 1986							
To the Registrar of Companies (Address Overleaf)		!	For official use			ny number 790394	
Company details							
* Newport Care Limited	j					_	
Nature of Business							
Residential nursing care facilities							
We give notice that we 14 January 2014 The appointment was I	by Members &		or(s) of the a	above comp	any on		
Name of Liquidator Office holder number Address	Christopher D 8770 FRP Advisory 4th Floor Soi	LLP	11 Liverpo	ol Gardens	Worthing BN1	1 1RY	
E mail address	mail address cp worthing@frpadvisory com						
Signature	1)	*		Date 20·1·14			
Name of Liquidator Office holder number Address	Colin Ian Vickers 008953 FRP Advisory LLP 4th Floor Southfield House 11 Liverpool Gardens Worthing BN11 1RY						
Signature	h	liha		Date 2	1/1/14		
Presentor's name and reference (If any) N0337WOR Christopher David Ster		For Official Us General Sect		P	ost room		

4th Floor Southfield House 11 Liverpool Gardens Worthing **BN11 1RY**

Time Critical Reference



A06

22/01/2014 COMPANIES HOUSE