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)

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies (Address Overleaf)	For offic	ial use	Company number
,			05917283
Name of Company			
* Solo Italia Limited			
Nature of Business			
Sale and repair of used motor vehicles			
I give notice that I have been appointed liquidator of the above company on 21 August 2015 The appointment was by Members and Creditors Type of liquidation Creditors			
Name of Liquidator Timothy James Heaselgrave Office holder number 9193 Address One Victoria Square Birmingham B1 1BD			
Signature Thany		Date 21 August 2015	
Name of Liquidator Office holder number Address			
Signature		Date	
			-
Presentor's name and address and reference (If any) Timothy James Heaselgrave Greenfield Recovery Limited One Victoria Square	For Official Use General Section	Post ro	oom

Time Critical Reference

Birmingham **B1 1BD**



22/08/2015 **COMPANIES HOUSE**