

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 10	9 of the Insolver	ncy Act 1986				
To the Registrar of Companies (Address Overleaf)		Г	For offic	ial use	- r	Company number
		L			J	00190375
Name of Company						
* 06196375 Cables Lin	nited (formerly A	El Cables Lim	uted)			
Nature of Business						
Cable Manufacture			- ·			
We give notice that we 23 January 2015	have been appo	ointed liquidato	ers of the ab	ove com	pany on	
The appointment was I	oy Schedule B1,	paragraph 83	of the Insolv	vency Ad	t 1986	
Type of liquidation Cre	editors					
Name of Liquidator Office holder number	Deviesh Rame 13890	sh Raikundalia	1			
Address	38 De Montfort Leicester	t Street				
	LE1 7GS					,
Signature				Date	22(01	2015
<u> </u>						
Name of Liquidator Office holder number	Situl Devji Rait 8927	hatha				
Address 38 De Montfort Street						
	Leicester LE1 7GS					
						
Signature				Date	27/	1/15
Presentor's name and			,			
reference (If any) AE1569		For Official Use General Sectio			Post roon	า
Dougeh Pamach Paiki	ındalıa	1		•		

Deviesh Ramesh Raikundalia Springfields Business Recovery & Insolvency Limited 38 De Montfort Street Leicester **LE17GS Time Critical Reference**

A29 29/01/2015 COMPANIES HOUSE

#262