

CHFP080

Please do not

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

Pursuant to section 109 of the Insolvency Act 1986 Write in this margin

Please complete legiblypreferably

To the Registrar of Companies (Address Overleaf)

For official use Company number 06205645

in black type or bold block lettering \*Insert full name of company

Name of Company

**FORM No. 600** 

MEDICAL LEGAL CONSULTANCY LIMITED

Nature of Business

Legal medical expert witness services

I give notice that I have been appointed liquidator of the above company on 9 September 2016

The appointment was by Members

Type of liquidation Members Voluntary Liquidation

Name of Liquidator Office holder number **David Thorniley** 

8307

Address

The Old Bakery, 90 Camden Road Tunbridge Wells

2QP

Kent

Signature

Date

Presentor's name and address and reference (If any) MVL Online Ltd The Old Bakery, 90 Camden Road Tunbridge Wells Kent, TN1 2QP

**Time Critical Reference** 

For Official Use General Section Post room

A29

17/09/2016 **COMPANIES HOUSE**