

Please complete legibly preferably

bold block lettering *Insert full name of company

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

FORM No. 600

600

Write in this margin lease complete legibly preferably in black type or bold block ettering *Insert full name of company Restfit Nature Care I give Type The a Name Office Addre	Registrar of Coss Overleaf) of Company Il Homes Tile Cost of Business	Cross Ltd.	vency Act 1986	For office	cial use	<i>(</i>	Company number 06238250
preferably in black type or bold block ettering *Insert full name of company Restfi Nature Care I give Type The a Name Office Addre Signa	of Company Il Homes Tile Company of Business nome property	Cross Ltd.		For office	cial use		
bold block ettering *Insert full name of company Restfi Nature Care I give Type The a Name Office Addre Signa	e of Business	owner					
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Type The a Name Office Addre	notice that I ha	ive been appoin					
Office Addre	of liquidation: opointment was	Members s by Order of th	·		·	ny on 12 l	May 2017
Name	of Liquidator holder number ss	lan Harvey I r 009462 PO Box 810 66 Shoe Lai Londen EC4) ne				
	ure	T/-			Date	1 8	MAY 2017
Addre	of Liquidator holder number ss						
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Signat					Date		
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reference (If any):

John Lynch

Deloitte LLP, 1 City Square, Leeds,

LS1 2AL Tel: 0113 292 1534

Time Critical Reference

For Official Use **General Section**

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20/05/2017 **COMPANIES HOUSE**