CHFP080

Please do not

Write in this margin Please complete

in black type or bold block lettering *Insert full name

of company

Notice of appointment of liquidator

Voluntary winding up

(Members or Creditors)

Pursuant to section 109 of the Insolvency Act 1986

legibly To the Registrar of Companies preferably (Address Overleaf)

For official use Company number 06452123

Name of Company

FORM No. 600

Absolute Image_Limited PT

Nature of Business

Cosmetic Treatments

I/We give notice that I/We have been appointed liquidator of the above company on 27 August 2009

The appointment was by Members and Creditors

Type of liquidation Creditors Voluntary Liquidation

Name of Liquidator Office holder number

Greg Whitehead 8827

Address

Suite 4

Saville Exchange North Shields **NE30 1SE**

Signature

Date 27 August 2009

Name of Liquidator Office holder number

Address

Signature

Date

Presentor's name and address and reference (If any):

G001

Greg Whitehead

For Official Use **General Section**

Post room

Time Critical Reference

28/08/2009 **COMPANIES HOUSE**