G

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)

600

Pursuant to section 109 of the Insolve	ency Act 1986		
To the Registrar of Companies (Address Overleaf)	For offic		any number 6840021
Name of Company			
* A Abdı Lımıted			
Nature of Business			 -
Medical Consultancy Services			
I give notice that I have been appointed. The appointment was by members a Type of liquidation. Creditors Voluntary	and creditors	ompany on 27 April, 2012	
Name of Liquidator Office holder number Address 1 Kings Aven Winchmore H	nue Hill		
Signature	5	Date 27 April 2012	
Name of Liquidator Office holder number Address			
Signature		Date	
Presentor's name and address and reference (If any) AA30868 Ninos Koumettou AlexanderLawsonJacobs 1 Kings Avenue Winchmore Hill London N21 3NA Time Critical Reference	For Official Use General Sec AVGSBNGS A14	*A18368Y2* 02/05/2012 #2 COMPANIES HOUSE	