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Please do not
write in this marginPlease complete
legibly preferablyin 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 Insolvency Act 1986

To the Registrar of Companies
(Address Overleaf)

For official use

Company number

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06907391

Name of Company

*** Active Inclusion Support & Learning Ltd**

Nature of Business


General secondary education

I/We give notice that I/We have been appointed liquidator(s) of the above company on
12 September 2013

The appointment was made by . Transfer Order of the Court dated 12 September 2013

Type of Liquidation Creditors Voluntary

Name of Liquidator Office holder number Address	
Signature	Date

Name of Liquidator Office holder number Address	David Clements 008765 4 St Giles Court Southampton Street Reading RG1 2QL
Signature	 Date

Presenter's name and address and
reference (if any)
ACTIV002/2401/PW/DC/LCH/GFW
Paul Walker
Harrisons Business Recovery and
Insolvency Limited
4 St Giles Court
Southampton Street
Reading
RG1 2QL

Time Critical Reference

For Official Use
General Section

Post room

THURSDAY



A37

14/11/2013

#245

COMPANIES HOUSE