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)

Pursuant to section 109 of the Inso	lvency Act 1986			
To the Registrar of Companies (Address Overleaf)		For official use		mpany number
(Address Overlear)				06936056
Name of Company				
* Life Science Focus Limited		•• == •		
Nature of Business	***			
Medical			· · · · · · · · · · · · · · · · · · ·	
I give notice that I have been appoint 18 March 2015 The appointment was by Members	·	above company	on	
Type of liquidation Members				
London	an House rinces Street			
Signature WIG (AH		Date 1	9 March 2015	
Name of Liquidator Office holder number Address				
Signature		Date		<u></u>
Presentor's name and address and reference (If any) L034H Lloyd Edward Hinton insolve Plus Ltd	For Official Use General Section		Post room	
Allan House 10 John Princes Street London W1G 0AH Time Critical Reference		DAY		

A43KWPAH 20/03/2015

COMPANIES HOUSE