FORM No. 600

CHFP080

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

600

Please do not

Write in this margin

Please complete legibly preferably in black type or bold block lettering

*Insert full name of company

Pursuant to section 109 of the Insolvency Act 1986				
To the Registrar of Companies (Address Overleaf)		For offic	ial use	Company number
		<u> </u>		
Name of Company				
* AA Larmar Plumbing & Heating Lin	nited			
Nature of Business				
Plumbing, heat and air-conditioning installation				
I/We give notice that I/We have been 30 October, 2015 The appointment was by Members at Type of liquidation. Creditors	., .	uidator(s) of th	ne above cor	mpany on
Name of Liquidator Office holder number Address Calverley House 55 Calverley Road Tunbridge Wells Kent, N1 2TU				
Signature Date 2(11)				
Name of Liquidator Office holder number Address	,			
Signature Date				
Presentor's name and address and reference (If any) TR160 David Thorniley Traverse Advisory	For Official U		Po	st room
Calverley House 55 Calverley Road Tunbridge Wells				

Kent, TN1 2TU

Time Critical Reference



A08

03/11/2015 COMPANIES HOUSE