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 Insolvency Act 1986

600

To the Registrar of Companies (Address Overleaf)	For official use	Company number
Name of Company		07117031
* Darwin Solicitors (Shropshire) Limitedt/a D	rin Solicitors (Shropshire) Limitedt/a Darwin Matthews Solicitors	
Nature of Business		
Solicitors		
I/We give notice that I/We have been appointed liqu	.,	•

Type of Liquidation Creditors Voluntary

Name of Liquidator Office holder number Address Signature	Paul Boyle 008897 2nd Floor 33 Blagrave Street Reading RG1 1PW	Date	
oignature	<u>~</u>		AUG 2016
Name of Liquidator Office holder number Address			
Signature		Date	
Presenter's name and a	ddress and		
reference (If any) DARWI001/2401/PRB/AI	For Offic K/TW General	cial Use Section	Post room

Paul Boyle Harrisons Business Recovery and Insolvency Limited 2nd Floor 33 Blagrave Street Reading RG1 1PW

Time Critical Reference

A06

02/09/2016 COMPANIES HOUSE