**FORM No. 600** 

G

CHFP000

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

600

Please do not

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 official use	Company number
Name of Company		07410136

Allcare Community Care Services (Wirral) Limited		-	

## **Nature of Business**

Care Provider		 <u> </u>	-	
	 	 	<u> </u>	

I give notice that I have been appointed liquidator of the above company

on 31 October 2016

† delete as appropriate

The appointment was by [the company][the creditors]†

Type of liquidation [Members] [Creditors]†

Name Of Liquidator	Philip Booth			
Office Holder Numbe	r 9470			
Address	Booth & Co, Coopers House, Intake Lane			
	Ossett, WF5 0RG			
Signature P	K	Date	01 November 2016	

Name of Liquidator		
Office holder number		
Address		
Signature	Date	

Presenter's name, address and reference (if any)

For official General Secti

Time Critical Reference



QIQ 02/11/2016 COMPANIES HOUSE