

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

Pursuant to section 109 of the Insolvency Act 1986

Please do not
write in
this marginPlease complete
legibly, preferably
in black type or
bold block lettering* Insert full
name
of company**To the Registrar of Companies****For official use****Company Number**

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07432759

Name of company

DELTAGRAND LIMITED T/A DG SIGNS

Nature of Business

Other manufacturing nec

I give notice that I have been appointed liquidator of the above company
on 14th November 2014

The appointment was by the company confirmed by creditors

Type of liquidation creditors' voluntary liquidation

Name of Liquidator	G K Rooney
Office holder number	7529
Address	2 nd Floor, 19 Castle Street, Liverpool, L2 4SX
Signature	
Date	14th November 2014

Name of Liquidator	
Office holder number	
Address	
Signature	Date

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

GK Rooney, Rooney
Associates, 2nd Floor, 19
Castle Street, Liverpool, L2
4SX GKR

Time Critical Reference**For official use
General Section**

SATURDAY



A3KQOKA9

A04

15/11/2014

#71

COMPANIES HOUSE