

G

FORM No. 600

600

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

CHWP000

Please do not
write in
this margin

Pursuant to section 109 of the Insolvency Act 1986

Please complete
legibly, preferably
in black type, or
bold block letteringTo the Registrar of Companies
(Address overleaf)

For official use

Company number


Name of company

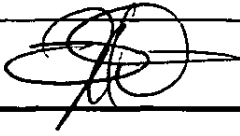
* insert full name
of company

Nature of Business

† We give notice that † we have been appointed liquidator(s) of the above company

on 19th August 2014† delete as
appropriateThe appointment was by ~~(the company)~~ (the creditors)†Type of liquidation ~~(Members)~~ (Creditors)†

| | |
|---|---------------------|
| Name of Liquidator <u>Simon Thomas Barriball</u> | |
| Office holder number <u>11950</u> | |
| Address <u>10 St Helens Road, Swansea SA1 4AW</u> | |
| Signature  | Date <u>19/8/14</u> |

| | |
|---|---------------------|
| Name of Liquidator <u>Sandra McAlister</u> | |
| Office holder number <u>9375</u> | |
| Address <u>10 St Helens Road, Swansea SA1 4AW</u> | |
| Signature  | Date <u>19/8/14</u> |

Presenter's name address and
reference (if any)For official Use (02/06)
General Section

Post room

Time Critical Reference

SATURDAY



A26

A3EWINQO

23/08/2014

#63

COMPANIES HOUSE