CHFP080

FORM No. 600

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

600

2015

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 Co (Address Overleaf)	mpanies	For official use	Company number
			07702576
Name of Company			
' 5 MS CRE	WING LIMITED		
Nature of Business			
TEMPORARY EMPLOYMENT AGENCY ACTIVITIES.			
We give notice that We have been appointed liquidator(s) of the above company on 23rd April			
The appointment was by Creditors			
Type of liquidation Creditors			
Name of Liquidator Office holder number Address	Helen Whitehouse 9680 10 St Helens Road Swanse	a SA1 4AW	
Signature	ll	Date	6/5/15
Name of Liquidator	Simon Barriball		
Office holder number	11950		
Address	10 St Helens Road Swanse	a 5A1 4AW	
		<u> </u>	

Signature 6/5/15

Presentor's name and address and reference (If any)

McAlister & Co Insolvency Practitioners Ltd 10 St Helens Road Swansea **SA1 4AW**

Time Critical Reference

For Official Use **General Section**

Post room



A24 07/05/2015 **COMPANIES HOUSE**