

G

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 margin

To the Registrar of Companies

For official use

Company Number

Please complete
legibly, preferably
in black type or
bold block lettering

| | | |
|--|--|--|
| | | |
|--|--|--|

7999645

* Insert full
name
of company

Name of company

SKL SAVINA LIMITED

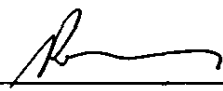
Nature of Business

Licensed restaurant

I give notice that I have been appointed liquidator of the above company
on 3rd February 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 3rd February 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

TUESDAY



A28 *A30Z6VJE* 04/02/2014 #62
COMPANIES HOUSE