

G

CHFP080

FORM No. 600

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

600

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 Companies
(Address Overleaf)

For official use

Company number

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08327541

Name of Company

* Blue Ridge Partnership Limited

Nature of Business

Medical insurance

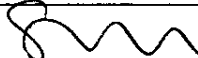
I give notice that I have been appointed liquidator of the above company on
17 January 2018

The appointment was by Members and Creditors

Type of liquidation Members

Name of Liquidator Samantha Hawkins
Office holder number 12770
Address No 5 The Old Parsonage
Redcroft
Redhill
BS40 5SL

Signature



Date 18.01.18

Name of Liquidator
Office holder number
Address

Signature

Date

Presentor's name and address and
reference (If any):
BLUR001
Samantha Hawkins
Hawkins Insolvency Limited
No 5 The Old Parsonage
Redcroft
Redhill
BS40 5SL

Time Critical Reference

For Official Use
General Section

Post room

SATURDAY



A28 *A6Y2AWIO* 20/01/2018 #29
COMPANIES HOUSE