

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

--	--	--

08348262

Name of company

* insert full name
of company


* Simps Hospitality Limited

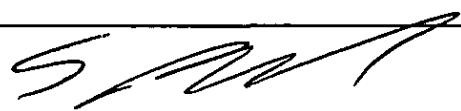
Nature of Business

Public Houses

~~We~~ We give notice that ~~we~~ we have been appointed liquidator(s) of the above company
on 3rd October 2013

† delete as
appropriateThe appointment was by ~~the company~~ [the creditors]†Type of liquidation ~~Members~~ [Creditors]†

Name of Liquidator Mrs Sandra McAlister	
Office holder number 9375	
Address 10 St Helens Road, Swansea, SA1 4AW	
Signature 	Date 7th October 2013

Name of Liquidator Mr Simon Barriball	
Office holder number 11950	
Address 10 St Helens Road, Swansea, SA1 4AW	
Signature 	Date 7th October 2013

Presenter's name address and
reference (if any)McAlister & Co Insolvency
Practitioners Ltd
10 St Helens Road
Swansea SA1 4AW

Time Critical Reference

For official Use (02/00)
General Section

TUESDAY



A2IKPXZN

A19

08/10/2013

#155

COMPANIES HOUSE