



CHFP080

FORM No 600

**Notice of appointment of liquidator
Voluntary winding up
(Members or Creditors)****600**Please do not
Write in this marginPlease 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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08576659

Name of Company

* CARES Installation Limited


Nature of Business


Environmental consulting activities

~~We~~ We give notice that ~~we~~ We have been appointed liquidator(s) of the above company on
4 November, 2014

The appointment was by The Creditors

Type of liquidation Creditors

Name of Liquidator	Sandra McAlister
Office holder number	9375
Address	10 St Helen's Road Swansea SA1 4AW
Signature	
Date	10 th November 2014

Name of Liquidator	Simon Thomas Barriball
Office holder number	11950
Address	10 St Helen's Road Swansea SA1 4AW
Signature	
Date	10 th November 2014

Presenter's name and address and
reference (If any)
C100750
Sandra McAlister
McAlister & Co
10 St Helen's Road
Swansea
SA1 4AW

Time Critical Reference

For Official Use
General Section

Post room

TUESDAY



A20 *A3KGFHY8* 11/11/2014 #253
COMPANIES HOUSE