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CHFP080

Please do not

Write in this margin

Please complete legibly preferably in black type or bold block lettering

ettering
*Insert full name
of company

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

FORM No. 600

600

(members or oron	,			
Pursuant to section 109 of the	ne Insolvency Act 198	86		
To the Registrar of Compani (Address Overleaf)	ies	For official use	Company number 08987561	
Name of Company				
* Absolute Building & Carpe	ntry Limited			
Nature of Business				
Carpentry				
I/We give notice that I/We had 23 May, 2017 The appointment was by Martype of liquidation Creditors	embers and Creditors		npany on	
Office holder number 971: Address Emp 380 Man	ncesca Tackie 3 press Business Centro Chester Road Chester 9EA	e		
Signature	Ulles	Date 23	15/17	
Name of Liquidator Office holder number Address				
Signature		Date	Date	
	· · · · · · · · · · · · · · · · · · ·			
Presentor's name and addre reference (If any): ABS001CVL Francesca Tackie	ss and For Official General Se		st room	

Presentor's name and address an reference (If any):
ABS001CVL
Francesca Tackie
Mercury Corporate Recovery
Solutions Ltd
Empress Business Centre
380 Chester Road
Manchester
M16 9EA
Time Critical Reference

A6794HTT

A6794HTT A05 26/05/2017 COMPANIES HOUSE

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