

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

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

09761054

Name of Company

* ADA LEISURE LIMITED

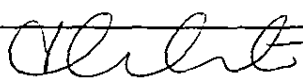
Nature of Business


MAINTENANCE & REPAIR OF MOTOR VEHICLES.

~~We~~ We give notice that ~~we~~ We have been appointed liquidator(s) of the above company on 14TH November 2016.

The appointment was by Creditors

Type of liquidation Creditors

| | |
|----------------------|---|
| Name of Liquidator | Helen Whitehouse |
| Office holder number | 9680 |
| Address | 10 St Helens Road Swansea SA1 4AW |
| Signature |  |
| Date | 15/11/2016 |

| | |
|----------------------|---|
| Name of Liquidator | Simon Barrball |
| Office holder number | 11950 |
| Address | 10 St Helens Road Swansea SA1 4AW |
| Signature |  |
| Date | 15/11/2016 |

Presentor's name and address and
reference (If any)

McAlister & Co Insolvency
Practitioners Ltd
10 St Helens Road
Swansea
SA1 4AW

Time Critical Reference

For Official Use
General Section

Post room

WEDNESDAY



A5JUI260

A17

16/11/2016

#160

COMPANIES HOUSE