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FORM No. 600

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

600

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

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OC305433

*Insert full name
of company

Name of Company


*The Second Scotts Atlantic Distributors LLP


Nature of Business

I/We give notice that I/We have been appointed liquidator(s) of the above company on
6th May 2008

The appointment was made by

Type of liquidation Members

Name of Liquidator Office holder number Address	Thomas Campbell MacLennan 8209 160 Dundee Street Edinburgh EH11 1DQ
Signature	 Date

Name of Liquidator Office holder number Address	Alexander Iain Fraser 9218 160 Dundee Street Edinburgh EH11 1DQ
Signature	 Date

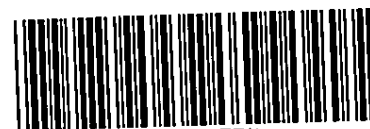
Presenter's name and address and
reference (If any)
SC997
Thomas Campbell MacLennan
Tenon Recovery
160 Dundee Street
Edinburgh EH11 1DQ

Time Critical Reference

For Official Use
General Section

Post room

FRIDAY



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16/05/2008

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COMPANIES HOUSE