CHFP080

FORM No. 600

Time Critical Reference

Notice of appointment of liquidator

Please do not Write in this margin

Please complete legibly preferably

in black type or bold block lettering *Insert full name of company

Voluntary	winding up	
(Members	or Creditors)	

Pursuant to section 109 of the Insolvency Act 1986	j.
To the Registrar of Companies (Address Overleaf)	For official use Company number OC381574
Name of Company	
* ALIGARH RESTAURANT LLP T/A ALIGARI	.1
Nature of Business	
Restaurant	
I/We give notice that I/We have been appointed lice / 6 November 2015	quidator(s) of the above company on
The appointment was by Members and Creditors	
Type of liquidation Creditors	
Name of Liquidator Office holder number Address O08744 Findlay James Saxon House Saxon Way Cheltenham GL52 6QX	
Signature Clienterman GL32	Date 7 November 2015
Name of Liquidator	
Office holder number Address	
Signature	Date
Presenter's name and address and reference (If any) ALIGA01 A J Findlay Findlay James Saxon House Saxon Way	

A19

14/11/2015

COMPANIES HOUSE

#80