CHFP080

FORM No 600

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

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 lettering *Insert full name of company

To the Registrar of Companies (Address Overleaf)	For official use	Company number
		05435264

(Address Overleaf)		Tor officiar use	Company (tumber	
			05435264	
Name of Company				
. Moodwa Bra	5. 4 5025 LIMITED			
Nature of Business				
PLASTERINA.				
We give notice that	We have been appointed lic	quidator(s) of the above cor	mpany on 9 TH June 805	
The appointment was	by Creditors			
Type of liquidation Cre	editors			
Name of Liquidator Office holder number Address	Helen Whitehouse 9680 10 St Helens Road Swans	sea SA1 4AW		
Signature	ll	Date 16	2/6/15.	
Name of Liquidator Office holder number Address	Simon Barriball 11950 10 St Helens Road Swans	sea SA1 4AW	**************************************	
Signature		Date v2	Jul. 5.	

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

