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CHFP080

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

FORM No. 600

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	9 of the Insolvency Act 1986	3	
To the Registrar of Cor (Address Overleaf)	mpanies	For official use	Company number
Name of Company			
* MD (Wales) Limited			
Nature of Business			
Dormant			
21 December 2015 The appointment was I		lators of the above company	on
Name of Liquidator Office holder number Address	Simon David Chandler 008822 Mazars LLP 45 Church Street Birmingham B3 2RT		
Signature	July	Date 21/12	1/15
Name of Liquidator Office holder number Address	Scott Christian Bevan 009614 Mazars LLP 45 Church Street Birmingham B3 2RT	•	
Signature	Chely	Date 21/17	2/15

Presentor's name and address and reference (If any)
MDWALES
Simon David Chandler
Mazars LLP
45 Church Street

Birmingham B3 2RT

Time Critical Reference

For Official Use General Section

Post room



A07 23/12/2015 COMPANIES HOUSE

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