CHFP080

Please do not

FORM No. 600

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

600

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 Insolve	ency Act 1986			
To the Registrar of Companies (Address Overleaf)		For officia	l use	Company number
Name of Company				1
* Teledyne Impulse-PDM Holdings Lt	d			
Nature of Business				
Leasing of intellectual property and si	mılar produ			
I/We give notice that I/We have been 18 February, 2015 The appointment was by Members Type of liquidation Members	appointed liqui	dator(s) of the	above com	pany on
Name of Liquidator Office holder number Address Address David Thorni 8307 Calverley Ho 55 Calverley Tunbridge W Kent, TN1 21	use Road /ells			
Signature			Date 2	4/2/12
Name of Liquidator Office holder number Address				•
Signature			Date	
Presentor's name and address and reference (If any) TR122 David Thorniley Traverse Advisory	For Official Us General Secti		Pos	it room
Calverley House 55 Calverley Road Tunbridge Wells Kent, TN1 2TU Time Critical Reference			SDAY	

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25/02/2015 COMPANIES HOUSE

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