CHFP080

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

FORM No. 600

Notice of appointment of liquidator

600

Please do not

Write in this margin

Please complete

Voluntary winding up	
(Members or Creditors)	

Pursuant to section 109	9 of the Insolve	ency Act 1986					
To the Registrar of Companies (Address Overleaf)			For official use			Company number	
,						02386397	
Name of Company							
* The New Mill Develop	ment Compar	ny Limited					
Nature of Business				-			
	•						
I give notice that I have	been appoint	ed liquidator of	the above co	mpany	on 9 Dece	ember, 2009	
The appointment was t	by members						
Type of liquidation Me	mbers Volunta	ry Liquidation					
Name of Liquidator Office holder number	Tim Alan Asl 007905	kham					
Address	Merchant Exchange Whitworth Street West						
	Manchester M1_5WG						
Signature	mble			Date 16/12/59			
	•						
Name of Liquidator Office holder number Address							
Signature	,			Date			
Presentor's name and a reference (If any):	address and	For Official U	se				
SCAR20 Tim Alan Askham	4	General Sect	ion		Post roo	om	
Mazare IID		ŀ			1		

Mazars LLF Merchant Exchange Whitworth Street West

Manchester M1 5WG

Time Critical Reference



17/12/2009 **COMPANIES HOUSE**