CHFP080

**FORM No. 600** 

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

**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 of the Insolvency Act 1986					
To the Registrar of Cor (Address Overleaf)	mpanies		For official	use	Company number
Name of Company				_	
* FK Multiservices Ltd				<u>-</u>	
Nature of Business		_			
Dormant					
I/We give notice that I/ 25 October 2011 The appointment was I Type of liquidation			ıdator(s) of the a	bove compa	any on
Name of Liquidator Office holder number Address	Tim Alan Ask 007905 The Lexicon Mount Street Manchester M2 5NT				
Signature	-m16.	20	Di	ate 1	a lu
Name of Liquidator Office holder number Address					
Signature			D	ate	
	<del>-</del>				
Presentor's name and reference (If any)	address and	For Official U	lse		<del></del>

INTER54 Tım Alan Askham Mazars LLP The Lexicon **Mount Street** 

Manchester

**M2 5NT** 

**Time Critical Reference** 

General Section

Post room



10/11/2011 **COMPANIES HOUSE**