

# G

CHWP000

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Please complete  
legibly, preferably in  
black type, or bold  
block lettering

\* insert full name of  
company

+ delete as  
appropriate

Presenter's name,  
address and  
reference (if any)

**FORM NO. 600**  
**Notice of appointment of liquidator**  
**Voluntary winding up**  
**Members**

# 600

Pursuant to section 109 of the Insolvency Act 1986

To Registrar of Companies

For official use

Company number

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3191018
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Name of company


Shermond Medical Products Limited

Nature of Business

Dormant company

I give notice that I have been appointed liquidator of the above company  
on 9 June 2010

The appointment was by the company  
Type of liquidation members' voluntary

Name of Liquidator	Samantha Keen
Office holder number	9250
Address	Grant Thornton UK LLP, No 1 Dorset Street, Southampton, Hampshire, SO15 2DP
Signature	 Date 9 June 2010

Name of Liquidator	
Office holder number	
Address	
Signature	Date

Grant Thornton UK LLP  
No 1 Dorset Street  
Southampton  
Hampshire SO15 2DP

Time critical reference

For official use (02/00)

Gen

FRIDAY



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11/06/2010

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COMPANIES HOUSE