

G

FORM No. 600

600

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

CHWP000

Please do not
write in
this margin

Pursuant to section 109 of the Insolvency Act 1986

Please complete
legibly, preferably
in black type, or
bold block letteringTo the Registrar of Companies
(Address overleaf)

For official use

Company number

Name of company

* insert full name
of company

* CHRYSALIS MEDICAL FINANCE LIMITED

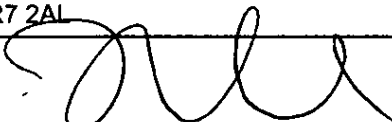
Nature of Business

FINANCE BROKING

I / We give notice that I / we have been appointed liquidator(s) of the above company
on 29 MAY 2014† delete as
appropriate

The appointment was by [the company] [the creditors]†

Type of liquidation [Members] [Creditors]†

Name of Liquidator STUART JOHN RATHMELL	
Office holder number 10050	
Address SUITE 6, CHESTNUT HOUSE, 46 HALLIWELL STREET CHORLEY PR7 2AL	
Signature 	Date 29/5/14

Name of Liquidator	
Office holder number	
Address	
Signature	Date

Presenter's name address and
reference (if any)

Time Critical Reference

For official Use (02/06)
General Section

WEDNESDAY



A39SAVW0

A25

11/06/2014

#183

COMPANIES HOUSE