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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

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03529394

Name of company

* insert full name
of company


* Anglian Pharma Limited

Nature of Business

Dormant company

I/we give notice that I/we have been appointed liquidator(s) of the above company
on 2 FEBRUARY 2015

† delete as
appropriateThe appointment was by [the company] ~~[the creditors]~~†Type of liquidation [Members] ~~[Creditors]~~†

Name of Liquidator Sean Croston	
Office holder number 8930	
Address No 1 Dorset Street, Southampton, Hampshire SO15 2DP	
Signature 	Date 2 FEBRUARY 2015

Name of Liquidator	
Office holder number	
Address	
Signature	Date

Presenter's name address and
reference (if any)DCA/CMC/SKC
Grant Thornton UK LLP, No 1
Dorset Street, Southampton,
Hampshire, SO15 2DP

Time Critical Reference

For official Use (02/06)
General Section

Post room

SATURDAY



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A06

07/02/2015

#265

COMPANIES HOUSE