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CHFP080

Notice of appointment of lice

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 10	9 of the Insolvency Act 19	986	
To the Registrar of Coi (Address Overleaf)	mpanies	For official use	Company numbe
Name of Company			
Raven Lewes Limited	<del>-</del>		<del>_</del>
Nature of Business			
Buying and sell own re	al estate		
We give notice that we	have been appointed liqu	uidators of the above company	on 21 August 2013
The appointment was l	by Members of the compa	any	
Type of liquidation Me	embers' Voluntary Liquida	ation	
Name of Liquidator Office holder number Address	James Alexander Snow 105654 4 Mount Ephraim Road Tunbridge Wells Kent TN1 1EE	<i>r</i> don	_
Signature		Date 22 Aug	gust 2013
Name of Lieuwhole	Bank Navena		

Name of Liquidator
Office holder number
Address
Addres

Presentor's name and address and reference (If any) CCW Recovery Solutions LLP

4 Mount Ephraim Road, Tunbridge Wells, Kent TN1 1EE

Our Ref

RAV00001C/JAS/MN/AM/IG/P17

**Time Critical Reference** 

For Official Use General Section

Post room



04/09/2013 #198 COMPANIES HOUSE