Please do not write in this margin

Please complete legibly preferably in black type or bold block lettering

\* Insert full name of company

FORM No 600

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

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies (Address overleaf)

For official use

**Company Number** 

600

04498921

Name of Company

\* Otter Risk Solutions Limited

Nature of business

Provider of auxillary services

We give notice that we have been appointed liquidator(s) of the above company on 29 February 2016

The appointment was by Members and Creditors

Type of liquidation Creditors' Voluntary Liquidation

Name of Liquidator

Office holder number

Address

Kırstie Jane Provan

009681 31st Floor

40 Bank Street

London

E14 5NR

Signature

Date 3 NARCH 2016

Name of Liquidator Office holder number Address

Mark Robert Fry

608588

st Floor

40\Bank Street

London

E1# 5NR

Signature

Date 7 MARCH 2016

Presenter's reference, name and address

(if any)

OT004CVL Begbies Traynor (Central) LLP 31st Floor 40 Bank Street London

E14 5NR

**Time Critical Reference** 

For Official Use General Section

Post room





07/03/2016 **COMPANIES HOUSE**