CHFP080

of appointment of liquidator ry winding up ers 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

600

Pursuant to section 109 of the Insolvency Act 1986				
To the Registrar of Companies (Address Overleaf)	For offic	ial use	Company number	
Name of Company				
* Clean Team (Windows) Limited				
Nature of Business				
Window Cleaning Franchisor				
I/We give notice that I/We have been 5 May, 2009 The appointment was by Members &		e above compa	ny on	
Type of liquidation Creditors				
Name of Liquidator Office holder number Address Address Torrington Ho 47 Holywell H St Albans Hertfordshire	ouse Iill			
Signature	Twant		Date 07.05.09	
Name of Liquidator Office holder number Address Michael Willia 008077 Torrington Ho 47 Holywell H St Albans	ouse	Date 63.	QS .04	
10 0 97 97	/	0.7	<u> </u>	
Presentor's name and address and reference (If any): CLE0105VBR Peter Nicholas Wastell	For Official Use General Section	Post r	oom	
Vantis Business Recovery Services Torrington House 47 Holywell Hill St Albans Hertfordshire AL1 1HD Time Critical Reference	ATURDAY	· AONI	QDI*	

A26

09/05/2009

COMPANIES HOUSE

123