

G

CHFP080

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 109 of the Insolvency Act 1986

To the Registrar of Companies
(Address Overleaf)

For official use

Company number

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05156297

Name of Company

* Footcare + Recruitment Limited

Nature of Business

Locum Podiatrist Recruitment

I/We give notice that I/We have been appointed liquidator(s) of the above company on
4 November, 2009

The appointment was by Members & Creditors

Type of Liquidation Creditors

Name of Liquidator John Kelmanson

Office holder number 004866

Address Brook Point
1412-1420 High Road
London
N20 9BH

Signature

Date

4/11/09

Name of Liquidator

Office holder number

Address

Signature

Date

Presenter's name and address and
reference (If any):

F162L

John Kelmanson

Kelmanson Insolvency Solutions

Brook Point

1412-1420 High Road

London

N20 9BH

Time Critical Reference

For Official Use
General Section

Post room

THURSDAY



AA3X3EPQ

A52

05/11/2009

87

COMPANIES HOUSE