

# G

CHFP080

FORM No. 600

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

# 600

Please do not  
Write in this marginPlease 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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05644554
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Name of Company

\* London International Hospital Limited

Nature of Business

Hospital activities; Specialist medical practice activities

We give notice that we have been appointed liquidator(s) of the above company on **30 March 2017**The appointment was by **Members and Creditors**Type of liquidation **Creditors**

Name of Liquidator	Stephen Robert Cork
Office holder number	8627
Address	52 Brook Street London W1K 5DS
Signature	Date 11/04/2017

Name of Liquidator	Joanne Elizabeth Milner
Office holder number	8761
Address	52 Brook Street London W1K 5DS
Signature	Date 11/04/2017

Presenter's name and address and  
reference (If any):Cork Gully LLP  
52 Brook Street  
London  
W1K 5DS

Time Critical Reference

For Official Use  
General Section

Post room

WEDNESDAY

\*A6471756\*  
A26 12/04/2017 #358  
COMPANIES HOUSE