In accordance with Section 1003 of the Companies Act 2006

## **DS01**

## Striking off application by a company

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A fee is payable with this form Please see 'How to pay' on the last page What this form is NOT for What this form is for 16/03/2010 You cannot use this form to You may use this form to strike off a COMPANIES HOUSE off a Limited Liability Partn company from the Register Please (LLP) To strike off an LLP pl ·AYNDŤĪ1Ř\* ensure you read the guidance before 325 use form LL DS01 'Striking completing this form 05/03/2010 A03 application by a Limited Lia COMPANIES HOUSE Partnership (LLP) Company details filling in this form Company number 5 | 8 3 Please complete in typescript or in bold black capitals. Company name in full 1ST CLASS MANAGEMENT LIMITED All fields are mandatory unless specified or indicated by The application Warning to all applicants O Please read the guidance on our website It is an offence to knowingly or recklessly provide false or misleading www.companieshouse.gov.uk information on this application or section 1003 or 1004 of the Companies Act 2006 for You are advised to read section 4 and to consult the guidance available from circumstances under which an Companies House before completing this form. If in doubt, seek professional application may not be made advice Please note that on dissolution all property and rights etc will be passed I/We as director(s)/the majority of directors apply for this company to to the Crown be struck off the Register and declare that none of the circumstances described in section 1004 or 1005 of the Companies Act 2006 (being Further Guidance Guidance on striking off is available circumstances in which the directors would otherwise be prohibited from our website at under those sections form making an application) exists in relation to www.companieshouse.gov.uk the company. 6 This form must be signed by the sole director if only 1, by both if there are 2, or by the majority if there are more than 2 Signatures of the director(s) Signature Further signatures Please use the next page to enter further signatures. Name IMR ROBERTO GALANTINI 1011 Date Signature Name 7/0/1/0 Date