

SCHEDULE

Regulation 4

Form No. VL1

VL1**Notice of appointment of Liquidator
Voluntary Winding Up
(Members or Creditors)**

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 Article 95 of the Insolvency (Northern Ireland) Order 1989

To the Registrar of Companies

For official use

Company number

NI034797

Name of Company

GARF Limited

Nature of Business

Holding Company

I/we give notice that I/we have been appointed liquidator(s) of the above company
on 12 October 2016

Delete as
appropriate

The appointment was by (the company) (the creditors) *
Type of liquidation (Members)(Creditors)*

Name of Liquidator **Stephen Armstrong**Office holder number **GBNI090**Address **RSM, Number 1 Lanyon Quay, Belfast, BT1 3LG**

Signature

Date 17 October 2016

Name of Liquidator

Office holder number

Address

Signature

Date

Presentor's name, address and
Reference (if any)

For official Use
Public Office

Document
Checking Section

Time critical reference

After signing please return the form to
The Registrar of Companies for Northern Ireland

WEDNESDAY



J5HXTNKX

JNI

19/10/2016

#77

COMPANIES HOUSE