

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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OC312987

Name of Company

* Dorchester Care Limited Liability Partnership


Nature of Business

Care Homes

I/We give notice that I/We have been appointed liquidator(s) of the above Limited Liability Partnership on
7 September 2017

The appointment was by Designated Members and Creditors.

Type of Liquidation Creditors' Voluntary Liquidation

Name of Liquidator	Steven Wiseglass
Office holder number	9525
Address	St John's Terrace 11-15 New Road Manchester M26 1LS
Signature	
Date	19/9/17

Name of Liquidator	
Office holder number	
Address	
Signature	
Date	

Presentor's name and address and
reference (If any):A1198
Steven Wiseglass
Inquesta Corporate Recovery &
Insolvency
St John's Terrace
11-15 New Road
Manchester
M26 1LS

Time Critical Reference

For Official Use
General Section

THURSDAY



A28

A6EXXULK
14/09/2017
COMPANIES HOUSE

#190