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 10	9 of the Insolve	ency Act 1986			
To the Registrar of Co (Address Overleaf)	mpanies		For official use		Company number
Name of Company					
* NEWLANDS [SEAF	ORD] EDUCAT	IONAL TRUST	<del>-</del>		
Nature of Business					
Education Charity				<del></del>	
I/We give notice that I/28 May, 2010  The appointment was  Type of liquidation Cr	by Members a		dator(s) of the abov	e company	/ on
Name of Liquidator Office holder number Address	Michael Bowe 7671 Second Floor 98-110 High Guildford Surrey, GJJ1	r, Tunsgate Squ Street	are		
Signature	Upp	sell	Date	1/6	110
Name of Liquidator Office holder number Address	Dermot Coak 6824 Second Floor 98-1/0 High- Guydford Syrrey, GU1	Tunsgate Squ Street	Date	1/6	10
Presentor's name and reference (If any) 152	address and	For Official Us General Section		Post roo	om

MBI Coakley Ltd Second Floor, Tunsgate Square 98-110 High Street Guildford Surrey, GU1 3HE Time Critical Reference



04/06/2010 COMPANIES HOUSE