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CHFP080

Please do not Write in this margin

Please complete legibly preferably in black type or bold block lettering *Insert full name of company FORM No. 600

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

600

(Members or Creditors)			
Pursuant to section 109 of the insolve	ency Act 1986		
To the Registrar of Companies (Address Overleaf)	For offi	cial use	Company number
			05211¶019
Name of Company			
Chris Aitken Associates Ltd			
Nature of Business			
Consultancy	· · · · · · · · · · · · · · · · · · ·		
I, give notice that I was appointed lique 23 August, 2012	idator of the above compa	iny on	
The appointment was by Members			
Type of liquidation Members			
Name of Liquidator Christine Cor Office holder number 000995 Address Unit H5 Newark Road Glenrothes Fife	•		
Signature Tite a	4	Date 23	August 2012
Name of Liquidator Office holder number Address			
Signature		Date	
Presentor's name and address and reference (If any) C1007 Christine Convy Fife Corporate Ltd	For Official Use General Section	TUESDAY	
Unit H5 Newark Road South Glenrothes		A07	*A1GA44G1* 28/08/2012 #9 MPANIES HOUSE
Fife Time Critical Reference			