G

CHFP080

Please do not

(Members or C

FORM No. 600

Pursuant to section 109 of the Insolvency Act 1986

Notice of appointment of liquidator Voluntary winding up (Members or Creditors) 600

Write in this margin
Please complete
legibly
preferably
in black type or
bold block
lettering
*Insert full name
of company

To the Registrar of Companies (Address Overleaf)	For official use	Company number	
		05317612	
Name of Company			
Hop Farm Trading Limited	* *		

Running a country park

Nature of Business

I/We give notice that I/We have been appointed liquidator(s) of the above company on 15 March, 2013

The appointment was by Members and Creditors

Type of liquidation Creditors

Name of Liquidator Office holder number Address	Susan Maund 8923 44-46 Old Steine Brighton BN1 1NH		**
Signature	I Mand.	Date [1]3]13	

Name of Liquidator Thomas D'Arcy
Office holder number 10852
Address 44-46 Old Steine
Brighton
BN1 1NH

Signature Date 19 | 3 | 13

Presentor's name and address and reference (If any)
HOPFARM
Susan Maund
White Maund LLP
44-46 Old Steine
Brighton
BN1 1NH

Time Critical Reference

7 21/03/2013 COMPANIES HOUSE