

# G

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 109 of the Insolvency Act 1986

To the Registrar of Companies  
(Address Overleaf)

For official use

Company number

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08432807
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Name of Company

* THE BABY ROOM LTD.
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Nature of Business


RETAIL SALE OF CLOTHING IN SPECIALISED STORES
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~~We~~ We give notice that ~~we~~ we have been appointed liquidator(s) of the above company on 4<sup>TH</sup> FEBRUARY 2016

The appointment was by Creditors

Type of liquidation Creditors

Name of Liquidator	Helen Whitehouse
Office holder number	9680
Address	10 St Helens Road Swansea SA1 4AW
Signature	
Date	9/2/16

Name of Liquidator	Simon Barrball
Office holder number	11950
Address	10 St Helens Road Swansea SA1 4AW
Signature	
Date	9/2/16

Presenter's name and address and reference (If any)	For Official Use General Section	Post room
		
McAlister & Co Insolvency Practitioners Ltd 10 St Helens Road Swansea SA1 4AW		
Time Critical Reference		

WEDNESDAY

A05 10/02/2016 #372

COMPANIES HOUSE