

G

FORM No. 600

600

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

CHWP000

Please do not write in this margin

Pursuant to section 109 of the Insolvency Act 1986

Please complete legibly, preferably in black type, or bold block lettering

To the Registrar of Companies
(Address overleaf)

For official use

Company number

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09151051

Name of company

* insert full name of company

Thorn Medical Ltd ✓

Nature of Business

Business support services

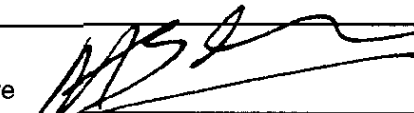
I / ~~We~~ give notice that I / ~~we~~ have been appointed liquidator(s) of the above company

on 06/09/2017

† delete as appropriate

The appointment was by Members and Creditors

Type of liquidation Creditors

Name of Liquidator Michael Goldstein ✓	
Office holder number 12532	
Address Myers Clark, Egale 1, 80 St Albans Road, Watford, Hertfordshire. WD17 1DL	
Signature 	Date 06/09/2017

Name of Liquidator	
Office holder number	
Address	
Signature	Date

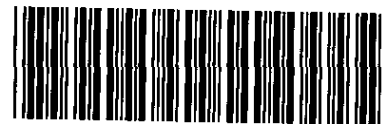
Presenter's name address and reference (if any) :

26414
Michael Goldstein
Myers Clark, Egale 1, 80 St Albans Road,
Watford, Hertfordshire. WD17 1DL

Time Critical Reference

For official Use (02/06)
General Section

FRIDAY



A08

A6EIK6E1

08/09/2017

#300

COMPANIES HOUSE