

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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07188949

Name of Company

A & O MANOCHA MEDSERVICES LIMITED

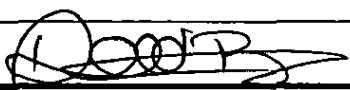
Nature of Business

General Medical Practice Activities

I, Roderick Graham Butcher give notice that I have been appointed liquidator of the above company on 13 May 2014

The appointment was by Members

Type of liquidation: Members

Name of Liquidator	Roderick Graham Butcher		
Office holder number	8834		
Address	Butcher Woods 79 Caroline Street Birmingham B3 1UP		
Signature		Date	13.5.14

Name of Liquidator			
Office holder number			
Address			
Signature		Date	

Presenter's name and address and
reference (If any)
39923
R G Butcher
Butcher Woods
79 Caroline Street
Birmingham
B3 1UP

Time Critical Reference

For Official Use
General Section

Post room

FRIDAY



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A35

16/05/2014

#131

COMPANIES HOUSE