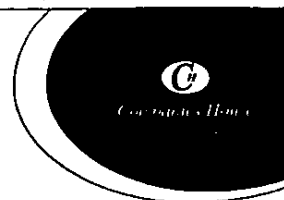


DS01

Striking off application by a company

000005/10



A fee is payable with this form
Please see 'How to pay' on the last page

☒ **What this form is for**
You may use this form to strike off a
company from the Register. Please
ensure you read the guidance before
completing this form

☒ **What this form is NOT**
You cannot use this form to
strike off a Limited Liability Part
(LLP). To strike off an LLP, use
form LL DS01 'Striking off
application by a Limited
Partnership (LLP)'

TUESDAY



AVZM7SNC
A18 22/03/2011 95
COMPANIES HOUSE

1 Company details

Company number 0 7 1 2 8 1 0 1

Company name in full TRICKLE TREATS LTD

→ **Filling in this form**
Please complete in typescript or in
bold black capitals

All fields are mandatory unless
specified or indicated by *

2 The application

Warning to all applicants

It is an offence to knowingly or recklessly provide false or misleading
information on this application

You are advised to read section 4 and to consult the guidance available from
Companies House before completing this form. If in doubt, seek professional
advice

I/We as director(s)/the majority of directors apply for this company to
be struck off the Register and declare that none of the circumstances
described in section 1004 or 1005 of the Companies Act 2006 (being
circumstances in which the directors would otherwise be prohibited
under those sections from making an application) exists in relation to
the company. *

This form must be signed by the sole director if only 1, by both if there are 2, or
by the majority if there are more than 2

① Please read the guidance
on our website
www.companieshouse.gov.uk
or section 1003 or 1004 of
the Companies Act 2006 for
circumstances under which an
application may not be made.

Please note that on dissolution all
property and rights etc will be passed
to the Crown

Further Guidance
Guidance on striking off is available
from our website at
www.companieshouse.gov.uk

3 Signatures of the director(s)

Signature

Signature

X X

Name

Aouled Miguil

Date

d 1 d 4 m 0 m 1 y 2 y 0 y 1 y 1

Signature

Signature

X X

Name

Leslie Bartholomew

Date

d 1 d 1 m 0 m 2 y 2 y 0 y 1 y 1

Further signatures
Please use the next page to enter
further signatures.