

600

Notice of appointment of liquidator in a
members' or creditors' voluntary winding up



Companies House

WEDNESDAY



A14 *A88XL11J* 03/07/2019 #70
COMPANIES HOUSE

to

1 Company details

Company number 0 0 3 2 1 8 2 0

Company name in full Arthur Butler Limited

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

2 Liquidator's name

Full forename(s) Sandra Lillian

Surname Mundy

3 Liquidator's address

Building name/number The White Building

Street 1-4 Cumberland Place

Post town Southampton

County/Region

Postcode S O 1 5 2 N P

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 023 8022 1222

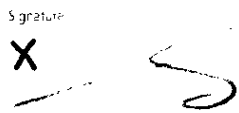
^① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 9 4 4 1

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6	Liquidator's name ^①	
Full forename(s)	Alan Peter	
Surname	Whalley	
	① Other Liquidator's details Use this section to tell us about another liquidator.	
7	Liquidator's address ^②	
Building name/number	The White Building	
Street	1-4 Cumberland Place	
Post town	Southampton	
County/Region		
Postcode	S O 1 5 2 N P	
Country		
	② Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
8	Liquidator's email address or telephone number ^③	
Email address		
Telephone number	023 8022 1222	
	③ You must give an email address or telephone number. All information on this form will appear on the public record.	
9	Insolvency practitioner number	
Number	6 5 8 8	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	d 0 1 m 0 7 y 2 0 1 9	
11	Appointment details	
	The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors	
13	Sign and date	
Liquidator's signature	Signature 	
Signature date	d 0 1 m 0 7 y 2 0 1 9	

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Contact name	Katrina Chia									
Company name	James Cowper Kreston									
Address	The White Building									
	1-4 Cumberland Place									
Post town	Southampton									
County/Region										
Postcode	S	O	1	5		2	N	P		
Country										
DX										
Telephone	023 8022 1222									

- ☐ The company name and number match the information held on the public Register.
- ☐ You have signed and dated the form.

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This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse