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



Companies House

WEDNESDAY





A27 *A72PA52T* 28/03/2018 #439
COMPANIES HOUSE

or to

1	Company details	
Company number	0 2 5 6 7 2 6 4	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Floprint Colour Limited	
2	Liquidator's name	
Full forename(s)	Jonathan James	
Surname	Beard	
3	Liquidator's address	
Building name/number	2/3 Pavilion Buildings	
Street		
Post town	Brighton	
County/Region		
Postcode	B N 1 1 E E	
Country		
4	Liquidator's email address or telephone number ^①	
Email address	Jon.Bead@begbies-traynor.com	① You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	01273 322960	
5	Insolvency practitioner number	
Number	0 0 9 5 5 2	

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6	Liquidator's name ^①	
Full forename(s)	John	① Other Liquidator's details Use this section to tell us about another liquidator.
Surname	Walters	
7	Liquidator's address ^②	
Building name/number	2/3 Pavilion Buildings	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.
Street		
Post town	Brighton	
County/Region		
Postcode	B N 1 1 E E	
Country		
8	Liquidator's email address or telephone number ^③	
Email address	John.Walters@begbies-traynor.com	③ You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	01273 322960	
9	Insolvency practitioner number	
Number	0 0 9 3 1 5	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	2 2 0 3 2 0 1 8	
11	Appointment details	
	The appointment was made by (Tick one)	
	<input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type	
	<input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors	
13	Sign and date	
Liquidator's signature	Signature 	
Signature date	2 6 0 3 2 0 1 8	

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Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name **Steve Baluchi**

Company name **Begbies Traynor (Central) LLP**

Address **2/3 Pavilion Buildings**

Brighton

Post town **East Sussex**

County/Region

Postcode **B N 1 1 E E**

Country

DX

Telephone **01273 322960**



Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

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



Important information

All information on this form will appear on the public record.



Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:

The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ.
DX 33050 Cardiff.



Further information

For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

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