In accordance with section 109 of the Insolvency Act 1986

## 600



## Companies House

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

SATURDAY



\*AC11LHEY\*
08/04/2023
COMPANIES HOUSE

#86

r to

1	Company details											
Company number	0	2	8	4	9	0	6	0	Filling in this form  Please complete in typescript or in			
Company name in full	CL	0	&FL(	) LIN	bold black capitals.							
2	Liqu	iid	ator'	s naı	ne							
Full forename(s)	Simon											
Surname	Ba	rri	ball									
3	Liqu	ıid	ator'	s add	lres	S						
Building name/number	Со	m	pany	/ Liq	uida	tion	s Li	imited				
Street	Saxon House, Saxon Way											
Post town	Cheltenham											
County/Region	Glos											
Postcode	G	L	5	2								
Country												
4 Liquidator's email address or telephone number •							• You must give an email address or					
Email address									telephone number. All information on this form will appear on the public record.			
Telephone number	012	24	2 57	655	5							
5						onei	nu	mber				
Number	1	1	9	5	0							

600

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

6	Liquidator's name <sup>0</sup>	····								
Full forename(s)	Helen	Other Liquidator's details								
Surname	Whitehouse	Use this section to tell us about another liquidator.								
7	Liquidator's address <sup>©</sup>									
Building name/number	Company Liquidations Limited	Other Liquidator's details								
Street	Saxon House, Saxon Way	Use this section to tell us about another liquidator. Use the continuation page to tell us about								
D		more than two liquidators.								
Post town	Cheltenham									
County/Region	Glos									
Postcode	G   L   5   2     6   Q   X									
Country										
8	Liquidator's email address or telephone number   Output  Description:	9 You must give an email address or								
Email address	telephone number. All informa on this form will appear on the									
Telephone number	01242 576555	public record.								
9	Insolvency practitioner number									
Number	9 6 8 0									
10	Statement of appointment									
	I confirm the appointment of the liquidator(s) on									
Date	2 2 0 2 3									
11	Appointment details									
	The appointment was made by									
	(Tick one)  Company									
	☑ Creditors									
12	Type of liquidation									
_	Tick to confirm the liquidation type									
	□ Members									
	☑ Creditors									
13	Sign and date									
Liquidator's signature	Signature X	×								
Signature date	d									