

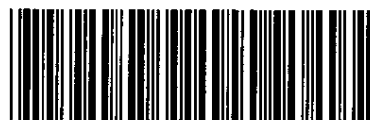
600 ✓

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



Companies House

FRIDAY



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A28

16/02/2018

#51

COMPANIES HOUSE

or to

### 1 Company details

Company number 0 5 0 0 8 9 5 6

Company name in full ✓ Marton Leisure Limited t/a Starters Restaurant

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

### 2 Liquidator's name

Full forename(s) David James

Surname Robson ✓

### 3 Liquidator's address

Building name/number c/o Gaines Robson Insolvency Ltd

Street Carrwood Park

Selby Road

Post town Leeds

County/Region West Yorkshire

Postcode L S 1 5 4 L G

Country

### 4 Liquidator's email address or telephone number ①

Email address david@gainesrobson.co.uk

Telephone number

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 1 1 1 3 0

600

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

**6 Liquidator's name<sup>①</sup>**

Full forename(s)

Surname

**① Other Liquidator's details**  
Use this section to tell us about another liquidator.**7 Liquidator's address<sup>②</sup>**

Building name/number

Street

Post town

County/Region

Postcode

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<sup>③</sup>**

Email address

Telephone number

**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

**10 Statement of appointment**

I confirm the appointment of the liquidator(s) on

Date

✓ d 2 d 3 m 0 m 1 y 2 y 0 y 1 y 8 /

**11 Appointment details**The appointment was made by  
(Tick one)

- ☐ Company  
☒ Creditors

**12 Type of liquidation**

Tick to confirm the liquidation type

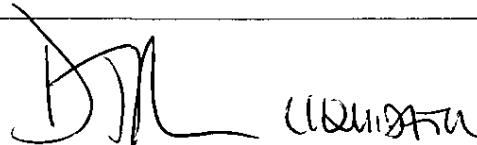
- ☐ Members  
☒ Creditors

**13 Sign and date**

Liquidator's signature

Signature

X

 LIQUIDATOR

X

Signature date

d 1 d 3 m 0 m 2 y 2 y 0 y 1 y 8

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

**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

Company name

Address

Post town

County/Region

Postcode

Country

DX

Telephone

**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](http://www.gov.uk/companieshouse)  
or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)