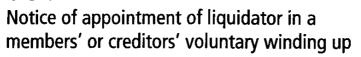
In accordance with section 109 of the Insolvency Act 1986 600







A10

03/10/2018 #1 COMPANIES HOUSE

|                      |  | COMPANIES HOUSE  |  |
|----------------------|--|--|--|
| 1                    | Company details                                  | <del></del>  |  |
| Company number       | 0 5 7 6 7 6 2 6                                  | → Filling in this form Please complete in typescript or in bold black capitals.  |  |
| Company name in full | Flow Media Limited                               |  |  |
|                      |  | _  |  |
| 2                    | Liquidator's name                                | <del></del>  |  |
| Full forename(s)     | lan  |  |  |
| Surname              | Yerrill  | _  |  |
| 3 I                  | iquidator's address                              |  |  |
| Building name/number | Gateway HouseHighpoint Business Village          |  |  |
| Street               | Henwood  |  |  |
|                      |  |  |  |
| Post town            | Ashford  |  |  |
| County/Region        | Kent   |  |  |
| Postcode             | T N 2 4 8 D H                                    |  |  |
| Country              |  |  |  |
| 4                    | Liquidator's email address or telephone number • | • You must give an email address or  |  |
| Email address        | lan.Yerrill@yerrillmurphy.co.uk                  | telephone number. All information on this form will appear on the public record. |  |
| Telephone number     | 01233 666280                                     |  |  |
| 5                    | Insolvency practitioner number                   |  |  |
|                      |  |  |  |

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

| 6  | Liquidator's name <sup>©</sup>                                |   |
|--|---|---|
| Full forename(s)                                 |   | Other Liquidator's details Use this section to tell us about  |
| Surname  |   | another liquidator.   |
| 7  | Liquidator's address ®  | <del></del>   |
| Building name/number<br>Street                   |   | Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Post town  |   |   |
| County/Region                                    |   |   |
| Postcode   |   |   |
| Country  |   |   |
| Liquidator's email address or telephone number ® |   | You must give an email address o  |
| Email address                                    |   | telephone number. All information on this form will appear on the   |
| Telephone number                                 |   | public record.  |
| 9  | Insolvency practitioner number                                |   |
| Number   |   |   |
| 10   | Statement of appointment                                      |   |
|  | I confirm the appointment of the liquidator(s) on             |   |
| Date   | 2  8  0  9  2  0  1  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   | ×   |
|  | 0 2 7 0 18  |   |