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



Companies House

SATURDAY



A30 10/02/2018 #49  
COMPANIES HOUSE

0

**1** Company details

Company number 0 6 3 1 6 2 3 1

Company name in full Silver Ring Services Limited

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

**2** Liquidator's name

Full forename(s) Michael David

Surname Rollings

**3** Liquidator's address

Building name/number 6

Street Snow Hill

Post town London

County/Region

Postcode E C 1 A 2 A Y

Country United Kingdom

**4** Liquidator's email address or telephone number <sup>①</sup>

Email address mail@rollingsbutt.com

Telephone number 020 7002 7960


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 8 1 0 7

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<b>6 Liquidator's name<sup>①</sup></b>		<b>① Other Liquidator's details</b> Use this section to tell us about another liquidator.
Full forename(s)	Steven Edward	
Surname	Butt	
<b>7 Liquidator's address<sup>②</sup></b>		<b>② Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Building name/number	6	
Street	Snow Hill	
Post town	London	
County/Region		
Postcode	E C 1 A 2 A Y	
Country	United Kingdom	
<b>8 Liquidator's email address or telephone number<sup>③</sup></b>		<b>③ You must give an email address or telephone number.</b> All information on this form will appear on the public record.
Email address	mail@rollingsbutt.com	
Telephone number	020 7002 7960	
<b>9 Insolvency practitioner number</b>		
Number	9 1 0 8	
<b>10 Statement of appointment</b>		
I confirm the appointment of the liquidator(s) on		
Date	d 2 4 m 0 1 y 2 0 y 1 8	
<b>11 Appointment details</b>		
The appointment was made by (Tick one)		
<input type="checkbox"/> Company		
<input checked="" type="checkbox"/> Creditors		
<b>12 Type of liquidation</b>		
Tick to confirm the liquidation type		
<input type="checkbox"/> Members		
<input checked="" type="checkbox"/> Creditors		
<b>13 Sign and date</b>		
Liquidator's signature	Signature X  X	
Signature date	d 0 8 m 0 2 y 2 0 y 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	Josie Pennicott									
Company name	Rollings Butt LLP									
Address	6 Snow Hill									
Post town	London									
County/Region										
Postcode	E	C	1	A		2	A	Y		
Country	United Kingdom									
DX										
Telephone	020 7002 7960									



### 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)**