In accordance with section 109 of the Insolvency Act 1986 600

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



MONDAY



· to

A07

15/01/2018 COMPANIES HOUSE #139

1	Company details		
Company number	08078566	→ Filling in this form Please complete in typescript or in	
Company name in full		bold black capitals.	
2	Liquidator's name		
Full forename(s)	MARK		
Surname	REY NOLDS		
3	Liquidator's address		
Building name/number	5 STIRLING COURT		
Street	STIRLING WAY		
Post town	BOREHAMWOOD		
County/Region	HERTFORD SHIRE		
Postcode	WD62FY		
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	0208343 3410		
5	Insolvency practitioner number	_ " ·	
Number	008838		

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6	Liquidator's name [©]		
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address o		
Building name/number		Other Liquidator's details	
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			
8	Liquidator's email address or telephone number Output Description:	You must give an email address or	
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	111 01 120 18		
11	Appointment details		
	The appointment was made by (Tick one) Company Creditors		
12	Type of liquidation	<u> </u>	
	Tick to confirm the liquidation type Members Creditors		
13	Sign and date		
Liquidator's signature	X ////////////////////////////////////	_ ×	
Signature date	1 1 70 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 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

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

following:

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