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



13/11/2018 **COMPANIES HOUSE** 

| 1  | Company details                |   |
|--|--------------------------------|---|
| Company number                                     | 1 0 4 8 7 8 5 6                | Filling in this form     Please complete in typescript or in bold black capitals. |
| Company name in full                               | MKC Special Projects Limited   |   |
|  |                                |   |
| 2  | Liquidator's name              |   |
| Full forename(s)                                   | Andrew                         |   |
| Surname  | Watling                        |   |
| 3  | Liquidator's address           |   |
| Building name/numbe                                | Office D                       |   |
| Street   | Beresford House                |   |
|  |                                |   |
| Post town  | Town Quay                      |   |
| County/Region                                      | Southampton                    |   |
| Postcode   | S O 1 4 2 A Q                  |   |
| Country  |                                |   |
| 4 Liquidator's email address or telephone number • |                                | • You must give an email address o  |
| Email address                                      | Andrew.Watling@Quantuma.com    | telephone number All information on this form will appear on the public record.   |
| Telephone number                                   | 02380336464                    |   |
| 5  | Insolvency practitioner number |   |
| Number   | 1 5 9 1 0                      |   |

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| 6                      | Liquidator's name <sup>0</sup>  |   |
|------------------------|---|---|
| Full forename(s)       |   | Other Liquidator's details  |
| Surname                |   | Use this section to tell us about another liquidator.   |
| 7                      | Liquidator's address @  |   |
| 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   You must give an email address |   |
| 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         3         7         0         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   | ×   |
| Signature date         | 1 2 m 7 y 7 y 8   |   |