In accordance with section 109 of the Insolvency Act 1986 600

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



WEDNESDAY



A84JBDRL A22 01/05/2019 COMPANIES HOUSE

#271

1	Company details			
Company number	0 0 0 4 2 7 7 5	→ Filling in this form Please complete in typescript or in		
Company name in full	Post Inns Limited	bold black capitals.		
2	Liquidator's name			
Full forename(s)	Catherine Mary			
Surname	Williamson			
3	Liquidator's address			
Building name/number	The Zenith Building			
Street	26 Spring Gardens			
Post town	Manchester			
County/Region	Lancashire			
Postcode	M 2 1 A B			
Country				
4	Liquidator's email address or telephone number •	You must give an email address or telephone number. All information on this form will appear on the public record.		
Email address	cwilliamson@alixpartners.com			
Telephone number				
5	Insolvency practitioner number			
Number	1 5 5 7 0			

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6	Liquidator's name •							
Full forename(s)	Alastair	Other Liquidator's details Use this section to tell us about another liquidator.						
Surname	Beveridge							
7	Liquidator's address ®							
Building name/number	6	Other Liquidator's details						
Street	New Street Square	Use this section to tell us about another liquidator. Use the continuation page to tell us about						
Post town	London	more than two liquidators.						
County/Region								
	Greater London							
Postcode	E C 4 A 3 B F							
Country								
8	Liquidator's email address or telephone number ®	■ You must give an email address or telephone number. All information on this form will appear on the						
Email address	abeveridge@alixpartners.com							
Telephone number		public record.						
9	Insolvency practitioner number	···						
Number	8 9 9 1							
10	Statement of appointment							
	I confirm the appointment of the liquidator(s) on							
Date	$\begin{bmatrix} d & d & d & d \end{bmatrix}$ $\begin{bmatrix} m & m & m & m & m & m & m & m & m & m $							
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 (Management)	×						
Signature date	1 2 3 TO TY 1 50 1 19							

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Prese								1
You do not l you do it wi on the form visible to se	ll help . The c	Com	ipanie ct info	es Ho ormat	use in	theroou gi	e is a	query
Contact name								
Сотрану пате								
Address								
Post town								
County/Region								
Postcode								
Country				'				
DX								
Telephone								
✓ Check	dist							
We may re with inform					ed in	corre	ectly	or

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

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600 - continuation page

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		• You must give an email address or
Telephone number		telephone number. All information on this form will appear on the
5	Incolvency practitioner number	public record.
Insolvency practitioner	Insolvency practitioner number	
number		