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



Companies House

SATURDAY



A81UB9M3
A22 23/03/2019 #118
COMPANIES HOUSE

r to

1 Company details

Company number 0 0 1 0 3 8 0 7
Company name in full Central Counties Newspapers 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 Snow Hill
Street
Post town City of London
County/Region London
Postcode E C 1 A 2 A Y
Country

4 Liquidator's email address or telephone number ^①

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

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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 | Carly Barrington |
| Company name | Rollings Butt LLP |
| | |
| Address | 6 Snow Hill |
| | |
| | |
| Post town | City of London |
| County/Region | London |
| Postcode | E C 1 A 2 A Y |
| Country | England |
| 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 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