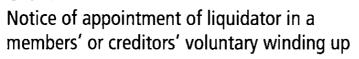
In accordance with section 109 of the Insolvency Act 1986 600





WEDNESDAY



A84JBD0Ø A22 01/05/2019 COMPANIES HOUSE

#255

Company number	0 0 2 4 4 8 2 0	→ Filling in this form Please complete in typescript or i		
Company name in full	Starman Park Hotel Limited	bold black capitals.		
2	Liquidator's name			
ull forename(s)	Catherine Mary			
Surname	Williamson			
3	Liquidator's address			
Building name/number	The Zenith Building			
treet	26 Spring Gardens			
ost 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		
mail address	cwilliamson@alixpartners.com	telephone number. All information this form will appear on the		
Telephone number		public record.		
5	Insolvency practitioner number			
Number	1 5 5 7 0			

600

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

6	Liquidator's name ⁰			
Full forename(s)		Other Liquidator's details Use this section to tell us about		
Surname		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 or		
Email address		telephone number. All information		
Telephone number		public record.		
9	Insolvency practitioner number			
Number				
10	Statement of appointment			
_	I confirm the appointment of the liquidator(s) on			
Date	0 4 2814			
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			
iquidator's signature	Signature X (Zito per -	X		
Signature date	23 6 4 2 01 19			

600

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

Presenter information You do not have to give any contact information, but if									
You do not you do it w on the form visible to se	rill help n. The c	Com	panio ct info	es Ho ormai	use it	ther ou gi	e is a	query	
Contact name	· · · · · ·								
Company name		-						· · ·	
Address									
Post town									
County/Region									
Postcode									
Country	· · · · · · · · · · · · · · · · · · ·					· •			
DX									
Telephone					•				
✓ Chec	klist								
We may re with infor					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

In accordance with section 109 of the Insolvency Act 1986.

600 - continuation page Notice of appointment of liquidator in a members' or creditors' voluntary winding up

1	Com	ıpar	ıy d	eta	ils								
Company number													
Company name in full		-											_
												· ·	_
2	Liqu	idat	tor'	s na	me								
Full forename(s)													
Surname													_
3	Liqu	idat	torʻ	s ad	dres	SS							
Building name/number													
Street													_
Post town													
County/Region													
Postcode													
Country													
4	Liqu	idat	tor's	s en	nail	addı	ress	or telep	hone	numbe	er 🤄	0	
Email address													You must give an email address or telephone number. All information
Telephone number							•	***					on this form will appear on the public record.
5	Inso	lver	ıcv	prac	ctitic	oner	nur	nber					public record.
Insolvency practitioner			,										
number	' 1	1	1	1	1	1	1						