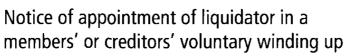
In accordance with section 109 of the Insolvency Act 1986

600





THURSDAY



| | E | , | *A86LAP2H* | | | |
|----------------------|--|---|--|--|--|--|
| | | A24 | 30/05/2019 #118 COMPANIES HOUSE | | | |
| 1 | Company details | | | | | |
| Company number | 0 0 2 4 4 8 2 0 | | → Filling in this form Please complete in typescript or in | | | |
| Company name in full | Starman Park HotelLimited | bold black capitals. | | | | |
| | | | | | | |
| 2 | Liquidator's name | | | | | |
| Full forename(s) | Alastair Paul | | | | | |
| Surname | Beveridge | | | | | |
| 3 | Liquidator's address | | | | | |
| Building name/number | The Zenith Building | | | | | |
| Street | 26 Spring Gardens | | | | | |
| | | | | | | |
| Post town | Manchester | | | | | |
| County/Region | Greater Manchester | | | | | |
| Postcode | M 2 1 A B | | | | | |
| Country | | | | | | |
| 4 | Liquidator's email address or telephone number • | • You must give an email address or | | | | |
| Email address | abeveridge@alixpartners.com | telephone number. All information on this form will appear on the | | | | |
| Telephone number | 020 7332 7215 | | public record. | | | |
| 5 | Insolvency practitioner number | | | | | |
| Number | 8 9 9 1 | | | | | |
| | | | | | | |
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600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up

| 6 | Liquidator's name [©] | | | | | | | | |
|------------------------|---|---|--|--|--|--|--|--|--|
| Full forename(s) | | Other Liquidator's details | | | | | | | |
| Surname | | Use this section to tell us about another liquidator. | | | | | | | |
| 7 | Liquidator's address ⁹ | | | | | | | | |
| 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 on this form will appear on the | | | | | | | |
| Telephone number | | public record. | | | | | | | |
| 9 | Insolvency practitioner number | <u> </u> | | | | | | | |
| Number | | | | | | | | | |
| 10 | Statement of appointment | | | | | | | | |
| | I confirm the appointment of the liquidator(s) on | | | | | | | | |
| Date | $\begin{bmatrix} d & 0 \end{bmatrix} \begin{bmatrix} d & 1 \end{bmatrix} \begin{bmatrix} m & 0 \end{bmatrix} \begin{bmatrix} m & 5 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix} \begin{bmatrix} y & 0 \end{bmatrix} \begin{bmatrix} y & 1 \end{bmatrix} \begin{bmatrix} y & 9 \end{bmatrix}$ | | | | | | | | |
| 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 | 2 3 6 5 72 0 119 | | | | | | | | |
| | | | | | | | | | |

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

| 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 | <u></u> . | | | | | | | |
| | | | | | | | | |
| Post town | | | | | | | | |
| County/Region | | | | | | | | |
| Postcode | | | | | | | | |
| Country | | | | | | | | |
| DX | | | | • | | | | |
| Telephone | _ | | | | | | | |
| ✓ Check | ist | | | | | | | |
| We may ret 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