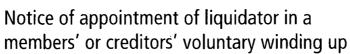
In accordance with section 109 of the Insolvency Act 1986 600





THURSDAY



A07 01/07/2021 COMPANIES HOUSE

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1	Con	Company details												
Company number	0	(	<u> </u>	3	6	2	2	9	4	→ Filling in this form Please complete in typescript or in				
Company name in full	Per	m	al L	JK	Limi	ted	bold black capitals.							
2	Liqu	ıic	late	or	's na	me								
Full forename(s)	Ме	gh	an											
Surname	And	dre	ws											
3	Liqu	ıic	late	or	s ad	dres	SS							
Building name/number	2nd	F	loo	r, I	Regi	s Ho	use							
Street	45 I	Kir	ng V	Νi	liam	Stre	et							
Post town	Lon	dc	on .											
County/Region			-					_						
Postcode	E	(	3	4	R		9							
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					
Email address														
Telephone number	020	7	403	3 1	877			public record.						
5	Insc	olv	/en	ıcy	pra	ctiti	one	r nu	mber					
Number	2	Z	1	1	1	0								

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

6	Liquidator's name <sup>©</sup>				
Full forename(s)		Other Liquidator's details Use this section to tell us about another liquidator.			
Surname					
7	Liquidator's address <sup>®</sup>				
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 ©				
Email address		telephone number. All information on this form will appear on the public record.			
Telephone number					
9	Insolvency practitioner number				
Number					
10	Statement of appointment				
	I confirm the appointment of the liquidator(s) on				
Date	[2] [D] [2] [V] [Y] [1]				
11:	Appointment details				
	The appointment was made by (Tick one)  Court Order  Company Creditors				
12	Type of liquidation				
	Tick to confirm the liquidation type  ☑ Members □ Creditors				
13	Sign and date				
Liquidator's signature	X Macada X				
Signature date	23 66 2621				

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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 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	Emi	ma C	)'Bry	an								
Company name Azets Holdings Limited												
Address	2nd Floor, Regis House											
45 King William Street												
Post town	London											
County/Region												
Postcode		E	С	4	R		9	Α	N			
Country												
DX												
Telephone	020	7403	3 18	77								

## ✓ 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.

### 7 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