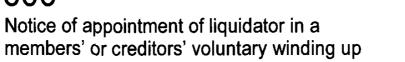
In accordance with Section 89 of the Insolvency Act 1986.

600





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A82HBHXN
A10 01/04/2019
____ COMPANIES HOUSE

#26

1	Company details				
Company number	0 0 5 9 7 7 5 7	Filling in this form Please complete in typescript or in			
Company hame in	Leyden Transport Limited	bold black capitals.			
full					
2	Liquidator's name	A.4.08			
Full forename(s)	Samantha				
Surname	Keen				
3	Liquidator's address				
Building name/numbe	r 1				
Street	More London Place				
Post town	London				
County/Region					
Postcode	S E 1 2 A F				
Country					
4	Liquidator's email address or telephone number	You must give an email address or			
Email Address	Skeen@uk.ey.com	telephone number. All information of this form will appear on the public			
Telephone number	020 7951 2000	record.			
5	Insolvency practitioner number				
Number	9 2 5 0				

600

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

6	Liquidator's name	
Full forename(s)	Derek	Other Liquidator's details Use
Surname	Hyslop	this section to tell us about another liquidator.
7	Liquidator's address	
Building name/number	Atria One	
Street	144 Morrison Street	
Post town	Edinburgh	
County/Region		
Postcode	E H 3 8 E X	
Country		
8	Liquidator's email address or telephone number	You must give an email address or
Email Address	Dhyslop1@uk.ey.com	telephone number. All information on this form will appear on the public
Telephone number	020 7951 2000	record.
9	Insolvency practitioner number	
Number	9 9 7 0	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	2 5 0 3 2 0 1 9	
11	Appointment details	
	The appointment was made by	
	(Tick one)	
	Company Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type	
	Members Creditors	
	Creditors	
13	Sign and date	
Liquidator's signature	Signature X	
	× /end/ha	
Signature date	2 7 0 3 2 0 1 9	

following:

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

Presen	ter in	forr	nati	on				
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Contact name Ká	atie McC	Ginn				_	•	
Company name Ems	t & Your	ng						
<u> </u>								
Address 1 Mo	re Lond	on Pl	ace					
		-						
	_			_	-			
Posttown LONG	on							
County/Region								
Postcode	S	E	1	2	Α	F		
Country		l	<u> </u>	I	<u> </u>		l	
XD								
Telephone 020	7951 87	702						
✓ Checkl	ist							
We may retu			_	eted	inco	rrec	tly o	r
Please make	sure	ou h	ave	reme	mbe	red 1	he	

☐ The company name and number match the information held on the public Register.

☐ You have signed 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