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



Companies House

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1 Company details

Company number 0 0 9 9 9 4 2 1

Company name in full BRASHER LEISURE LIMITED

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) MICHAEL

Surname LENNON

3 Liquidator's address

Building name/number C/O KROLL ADVISORY LTD

Street THE CHANCERY

58 SPRING GARDENS

Post town MANCHESTER

County/Region GREATER MANCHESTER

Postcode M 2 1 E W

Country UNITED KINGDOM

4 Liquidator's email address or telephone number ^①

Email address MICHAEL.LENNON@KROLL.COM

Telephone number 0161 827 9000

^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 2 4 6 5 0

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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)	BENJAMIN	
Surname	WILES	
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	C/O KROLL ADVISORY LTD	
Street	THE SHARD	
	32 LONDON BRIDGE STREET	
Post town	LONDON	
County/Region		
Postcode	S E 1 9 S G	
Country	UNITED KINGDOM	
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	BENJAMIN.WILES@KROLL.COM	
Telephone number	020 7089 4700	
9 Insolvency practitioner number		
Number	1 0 6 7 0	
10 Statement of appointment		
I confirm the appointment of the liquidator(s) on		
Date	^d 1 ^d 7 ^m 1 ^m 1 ^y 2 ^y 0 ^y 2 ^y 2	
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  X	
Signature date	^d 2 ^d 2 ^m 1 ^m 1 ^y 2 ^y 0 ^y 2 ^y 2	

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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 **George Reeves**

Company name **Kroll Advisory Ltd**

Address **The Chancery**

58 Spring Gardens

Post town **Manchester**

County/Region **Greater Manchester**

Postcode **M 2 1 E W**

Country **United Kingdom**

DX

Telephone **0161 827 9000**

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