In accordance with section 109 of the Insolvency Act 1986



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

Companies House

14/01/2021 **COMPANIES HOUSE Company details** 5 → Filling in this form 1 3 Company number Please complete in typescript or in WARBOYS SERVICES LIMITED bold black capitals. Company name in full Liquidator's name Full forename(s) Julie Elizabeth Surname Willetts 3 Liquidator's address Building name/number | Charlotte House Street 19B Market Place Post town Bingham County/Region Nottingham Postcode N G 1 3 Country Liquidator's email address or telephone number • 1 You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 01949 831260 Insolvency practitioner number Number 3 | 3

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6	Liquidator's name <sup>10</sup>			
Full forename(s)	Philip Anthony		Other Liquidator's details     Use this section to tell us about	
Surname	Brooks		another liquidator.	
7	Liquidator's address @			
Building name/number	Charlotte House		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.	
Street	19B Market Place	_		
		_		
Post town	Bingham			
County/Region	Nottingham			
Postcode	N G 1 3 8 A P			
Country				
8	Liquidator's email address or telephone number ©	[4	You must give an email address or	
Email address			telephone number. All information on this form will appear on the	
Telephone number	01949 831260		public record.	
9	Insolvency practitioner number			
Number	9 1 0 5			
10	Statement of appointment			
	I confirm the appointment of the liquidator(s) on			
Date	$\lceil \frac{d}{3} \rceil \lceil \frac{d}{1} \rceil \rceil \lceil \frac{m}{2} \rceil \lceil \frac{\sqrt{2}}{2} \rceil \lceil \frac{\sqrt{2}}{2} \rceil \lceil \frac{\sqrt{2}}{2} \rceil \rceil \rceil $			
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	<u>'</u>		
Liquidator's signature	Signature		, <del></del>	
	× Jane Coulette	X	•	
Signature date	106 107 12021.	,		
	1016 1011 12101211.			

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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	Shelley Hargreaves
Company name	Blades Insolvency Services
Address	Charlotte House
	19B Market Place
Post town	Bingham
County/Region	Nottingham
Postcode	N G 1 3 8 A P
Country	
DX	

#### ✓ 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.

## *t* 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