In accordance with section 109 of the Insolvency Act 1986

600



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

A7FS2QIG A11 03/10/2018 #30

COMPANIES HOUSE Company details Filling in this form Company number 1 4 0 6 0 Please complete in typescript or in Company name in full Teledyne TSS Limited bold black capitals. Liquidator's name Full forename(s) David Surname Thorniley Liquidator's address Building name/number Office 9 Spa House Street 18 Upper Grosvenor Road Post town Tunbridge Wells County/Region Kent Postcode N 1 Т 2 EP Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 01892 525218 Insolvency practitioner number Number 0

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6	Liquidator's name [©]	
Full forename(s)		Other Liquidator's details Use this section to tell us about another liquidator.
Surname		
7	Liquidator's address ®	
Building name/number		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		
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 public record.
Telephone number		
9	Insolvency practitioner number	
Number		
10	Statement of appointment	· · · · · · · · · · · · · · · · · · ·
	I confirm the appointment of the liquidator(s) on	
Date	^d 2 ^d 7 ^d 0 ^g 9 ^b 2 ^v 0 ^v 1 ^v 8	
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	
iquidator's signature	X X X	
Signature date	d 1 7 7 7 8	
		<u> </u>