In accordance with section 109 of the Insolvency Act 1986

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

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

1	Company details		
Company number	0 1 7 1 5 6 2 4	→ Filling in this form Please complete in typescript or in	
Company name in full	Statex Limited	bold black capitals.	
2	Liquidator's name	<u>'</u>	
Full forename(s)	Debi		
Surname	Harvey		
3	Liquidator's address		
Building name/number	c/o Harveys Insolvency & Turnaround Ltd		
Street			
	2 Old Bath Road		
Post town	Newbury		
County/Region	Berkshire		
Postcode	R G 1 4 1 Q L		
Country	United Kingdom		
4	Liquidator's email address or telephone number O You must give an email address		
Email address	debiharvey@harveyinsolvency.co.uk	telephone number. All information on this form will appear on the	
Telephone number	01635 770941	public record.	
5	Insolvency practitioner number		
Number	1 2 1 5 0		

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

6	Liquidator's name ¹⁰	
-ull forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address ²⁰	
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 Solution You must give an email address or telephone number Output Description of the phone is a second of the phone i	
Email address		telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d_2 & d_3 & & \begin{bmatrix} m_0 & m_4 & & \end{bmatrix} & \begin{bmatrix} y_2 & y_0 & y_2 \end{bmatrix} & \begin{bmatrix} y_4 & & & \end{bmatrix}$	
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	× Debylavey	×
 Signature date	$\begin{bmatrix} 1 \\ 2 \end{bmatrix} \begin{bmatrix} 3 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 4 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 4 \end{bmatrix}$	
	1 1 1 1 1 1	l

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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	D J Harvey
Company name	c/o Harveys Insolvency &
	Turnaround Ltd
Address	2 Old Bath Road
Post town	Newbury
County/Region	Berkshire
Postcode	R G 1 4 1 Q L
Country	United Kingdom
Country	United Kingdom

✓ 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.
- \square 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