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

04/03/2021 **COMPANIES HOUSE Company details** 8 6 5 Filling in this form Please complete in typescript or in Company number KILBRACKEN PROPERTY SERVICES LIMITED Company name in full bold black capitals. 2 Liquidator's name **UMANG** Full forename(s) **PATEL** Surname 3 Liquidator's address **NEUM INSOLVENCY** Building name/number SUITE 9, AMBA HOUSE Street 15 COLLEGE ROAD **HARROW** Post town **MIDDLESEX** County/Region H A |B | A Postcode 1 **UNITED KINGDOM** Country Liquidator's email address or telephone number 4 You must give an email address or telephone number. All information UMANG@NEUMINSOLVENCY.CO.UK Email address on this form will appear on the 020 3411 9598 Telephone number public record. 5 Insolvency practitioner number Number

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6	Liquidator's name	
Full forename(s)		Other Liquidator's details Use this section to tell us
Surname		about another liquidator.
7	Liquidator's address ●	
Building name/number		Other Liquidator's details Use
Street		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	
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	$\begin{bmatrix} d & d & M & m \\ 0 & 1 & 0 & 3 & 2 & 0 & 2 & 1 \end{bmatrix}$	
11	Appointment details	
	The appointment was made by (Tick one) ☑ Company ☐ Creditors	
\	Type of liquidation	
	Tick to confirm the liquidation type ☑ Members □ Creditors	
113	Sign and date	
Liquidator's signature	X Jatu	×
Signature date	$\begin{bmatrix} d & D \\ 0 & 3 \end{bmatrix} \begin{bmatrix} m & m \\ 0 & 3 \end{bmatrix} \begin{bmatrix} y & y \\ 2 & 0 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix}$	
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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	
	Pedro Cochofel
Company name	
	Neum Insolvency
Address	
· · · · · · · · · · · · · · · · · · ·	Suite 9
	<u> </u>
	Amba House
	15 College Road
Post town	
	Harrow
County/Region	
	Middlesex
Postcode	
	H A 1 1 B <u>A </u>
Country	
	United Kingdom
DX	
Telephone	
	020 3411 9598
	V=0 5 111 7070

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.

I 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