In accordance with Section 89 of the Insolvency Act 1986

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



FRIDAY



A26 11/10/2019 COMPANIES HOUSE

#322

1	Com	Company details											
Company number	0	2	0	0	4	0	2	8		→ Filling in this form			
Company name in	T.I.I	P. E	Europ	or's address Idon Place Tilling in this form Please complete in typescript or in bold black capitals.									
full													
2	Liqu	ida	tor's	nar	ne				<u> </u>				
Full forename(s)	Rich	har	d		_								
Surname	Bar	ker					•						
3	Ligu	ıida	itor's	ado	lres	5							
Building name/number	1												
Street	More	e Lo	ondor	Pla	ce			· · · · · · · · · · · · · · · · · · ·					
Post town	Lond	nob											
County/Region									-				
Postcode	S	Ε	1		2	Α	F						
Country	Unite	ed l	Kingd	om									
4	Liquidator's email address or telephone number												
Email Address										telephone number, All information on			
Telephone number	020	79	51 20	00		-				record.			
5	Inso	lve	ncy r	orac	titio	ner	num	nber					
Number	1	7	1	5	0								
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6	Liquidator's name									
Full forename(s)	Samantha	Other Liquidator's details Use this section to tell us about								
Surname	Keen	another liquidator.								
7	Liquidator's address									
Building name/number	er 1	Other Liquidator's details								
Street	More London Place	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two								
Post town	London	liquidators.								
Countv/Region										
Postcode	S E 1 2 A F									
Country	United Kingdom									
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								
Telephone number	020 7951 2000	record								
9	Insolvency practitioner number									
Number	9 2 5 0									
10	Statement of appointment									
	I confirm the appointment of the liquidator(s) on									
Date	2 6 0 9 2 0 1 9									
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 Mayulur	×								
 Signature date	0 1 1 0 2 0 1 9									

following:

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Present	er in	forn	nati	on				
You do not have you do it will he on the form. Th visible to search	lp Co e con	mpa tact i	nies I nforr	House natio	e if th n you	ere is	aqu	ery
Contact name Katy	/a Vas	sileva						
Company name Ernst &	& Your	ng LLF	•					
Address 1 More	Lond	on Pl	ace		•			
Post town Londo	n						_	
County/Region	•							
			T -			· · ·	T _	
Postcode	S	Ε	1		2	Α	F	
Country United	Kingd	om						
DX								
Telephone 020 7	951 34	127						
Checklis	t							
We may retur with informat			_	eted	inco	rrect	ly or	
Please make s	ure v	ou h	ave	reme	mbe	red t	he	

☐ The company name and number match the information held on the public Register.

You have signed 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