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

SATURDAY



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A18 22/09/2018 COMPANIES HOUSE

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1	Con	ıpaı	ny (detai	ls						
Company number	0	2	1	5	2	9	4	9	Filling in this form Please complete in typescript or in		
Company name in full	Aviv	/a In	ives	stors	bold black capitals,						
2	Liquidator's name								·		
Full forename(s)	Sean										
Surname	Cro	ston	1								
3	Liqu	ida	tor	's ad	dres	S					
Building name/number	30										
Street	Fins	sbur	y S	quare	}						
Post town											
County/Region	Lon	don									
Postcode	E	С	2	Р		2	Y	U			
Country			•								
4	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	023	80 3	381 ⁻	146							
5	Insc	olve	ncy	/ pra	ctiti	onei	nur	nber			
Number	8	9	3	0							
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6	Liquidator's name ⁶										
Full forename(s)		Other Liquidator's details Use this section to tell us about									
Surname		another liquidator.									
7	Liquidator's address o										
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 [©]	You must give an email address or									
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	d 1 d 8 d 9 d 9 d 9 d 9 d 9 d 9 d 9 d 9 d 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 Signature	<									
Signature date	d 1 d 8 mo mq y 2 y o y 1 y 8										

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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 guery on the form. The contact information you give will be visible to searchers of the public record. Contact name Company name Grant Thornton UK LLP 30 Finsbury Square Post town County/Region London Postcode Ε Ç 2 Country Telephone

✓ 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.

Turther 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