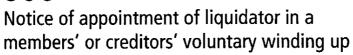
In accordance with section 109 of the Insolvency Act 1986 600





FRIDAY



A840FN0A 03/05/2019 COMPANIES HOUSE

#36

1	Con	np	an	y	detai	ls					*****		
Company number	0		2	2	2	6	3	3	7				→ Filling in this form Please complete in typescript or in
Company name in full									bold black capitals.				
2	Liqu	ıic	lat	or	ʻs na	me							
Full forename(s)	Ant	Anthony											
Surname	Murphy												
3	Liqu	ıic	late	or	's ad	dres	S						
Building name/number	C/o Harrisons Business Recovery & Insolvency (London) Limited												
Street 20 Midtown				1									
	20 I	Pr	oct	er	Stree	t							
Post town													
County/Region	London												
Postcode	WCIV6NX												
Country									-				
4	Liquidator's email address or telephone number •						You must give an email address or telephone number. All information on this form will appear on the public record.						
Email address													
Telephone number	0207 317 9160												
5	Insc	γÌc	/en	ıcy	/ pra	ctiti	onei	'nu	mber				
Number	8	7	7	1	6								

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

6	Liquidator's name ⁰	 :-	
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address •		
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		
	$\begin{bmatrix} d \\ 1 \end{bmatrix} \begin{bmatrix} d \\ 7 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 4 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 9 \end{bmatrix}$		
11	Appointment details		
	The appointment was made by (Tick one)		
	☑ Company		
42	Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type ☑ Members		
	□ Creditors		
į			
13	Sign and date		
Liquidator's signature	X X X X		
Signature date	2 0 1 7 9		

600

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

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	Jose Casal
Company name	Harrisons
Address	20 Midtown
20 Proc	ter Street
Post town	London
County/Region	
Postcode	W C 1 V 6 N X
Country	
DX	
Telephone	0207 317 9160

✓ 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.

7 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