In accordance with section 109 of the Insolvency Act 1986

## 600



# 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 2 7 1 4 0 9 0	→ Filling in this form		
Company name in full	Paineurope Limited	Please complete in typescript or in bold black capitals.		
2	Liquidator's name			
Full forename(s)	Michael James			
Surname	Gregson			
3	Liquidator's address			
Building name/number	TC Bulley Davey Limited			
Street	4 Cyrus Way			
	Cygnet Park			
Post town	Hampton	<del></del>		
County/Region	Peterborough			
Postcode	P E 7 8 H P			
Country				
4	Liquidator's email address or telephone number   You must give an			
Email address		telephone number. All information on this form will appear on the		
Telephone number	01733 569494	public record.		
5	Insolvency practitioner number			
Number	9 3 3 9			

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6	Liquidator's name <sup>10</sup>			
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 9	You must give an email address or		
Email address		telephone number. All information		
Telephone number		on this form will appear on the 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 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} m & 1 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} m & 1 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} y & 2 & 0 & 0 & 0 \\ y & 2 & 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} y & 2 & 0 & 0 & 0 \\ y & 2 & 0 & 0 & 0 & 0 \\ y & 2 & 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} y & 2 & 0 & 0 & 0 \\ y & 2 & 0 & 0 & 0 & 0 \\ y & 2 & 0 & 0 & 0 & 0 \\ y & 2 & 0 & 0 & 0 & 0 & 0 \\ y & 2 & 0 & 0 & 0 & 0 & 0 \\ y & 2 & 0 & 0 & 0 & 0 \\ y & 3 & 0 & 0 & 0 \\ y & 3 & 0 & 0 & 0 \\ y & $			
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			
iquidator's signature	Signature X	×		
Signature date	13 d			

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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	Paul Ward		
Company name TC Bulley Davey Limited			
Address	4 Cyrus Way		
	Cygnet Park		
	Hampton		
Post town	Peterborough		
County/Region			
Postcode	P E 7 8 H P		
Country			
DX			
Telephone	01733 569494		

#### 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.
П	You have signed and dat	ad tha	form

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

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

1	Company details	
Company number	0 2 7 1 4 0 9 0	
Company name in full	Paineurope Limited	
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	·
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		• You must give an email address or
Telephone number		telephone number. All information on this form will appear on the public record.
5	Insolvency practitioner number	<del> </del>
Insolvency practitioner number		