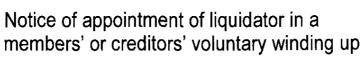
In accordance with Section 89 of the Insolvency Act 1986,

## 600







1	Company details			
Company number	0 2 8 0 4 5 5 3	Filling in this form		
Company name in	Filegale Limited	Please complete in typescript or in bold black capitals.		
full				
2	Liquidator's name			
Full forename(s)	Derek Neil			
Surname	Hyslop			
3	Liquidator's address	<del></del>		
Building name/number	1			
Street	More London Place			
Post town	London	-		
County/Region		_		
Postcode	S E 1 2 A F			
Country	United Kingdom			
4	Liquidator's email address or telephone number	You must give an email address or		
Email Address	Dhyslop1@uk.ey.com	telephone number. All information on this form will appear on the public		
Telephone number	0131 777 2430	record.		
5	Insolvency practitioner number	<u></u>		
Number	9 9 7 0			

600

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

6	Liquidator's name		
Full forename(s)	Samantha Jane	Other Liquidator's details Use this section to tell us about	
Surname	Keen	another liquidator.	
7	Liquidator's address		
Building name/numbe	r 1	Other Liquidator's details	
Street	More London Place	Use this section to tell us about another liquidator. Use the continuation page to tell	
Post town	London	us about more than two liquidators.	
County/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	Skeen@uk.ey.com	telephone number. All information of this form will appear on the public	
Telephone number	020 795 17902	record.	
9	Insolvency practitioner number		
Number	9 2 5 0		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	0 9 0 7 2 0 1 9		
11	Appointment details		
	The appointment was made by		
	(Tick one)		
	<b>™</b> Company		
12	☐ Creditors		
12	Type of liquidation Tick to confirm the liquidation type		
	Members		
	☐ Creditors		
13	Sign and date		
Liquidator's signature	X Theolothy X		
Signature date	1 5 0 7 2 0 1 9		

Presenter information	Important 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.	All information on this form will appear on the public record.
Contact name Katya Vasileva	<b>₩</b> Where to send
Address 1 More London Place  Posttown London  County/Region  Postcode S E 1 2 A F	You may return this form to any Companies House address, however for expediency we advise you return it to the address below:  The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ.  DX 33050 Cardiff.
Country United Kingdom	Further Information
OX Telephone 020 7951 3427	For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk
Checklist	This form is available in an
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.	alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse