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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details	
Company number	0 2 8 3 3 0 2 3	→ Filling in this form Please complete in typescript or in
Company name in full	Firststar Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Thomas	
Surname	D'Arcy	_
3	Liquidator's address	
Building name/number	44-46 Old Steine	
Street	Brighton	_
		_
Post town	BN1 1NH	_
County/Region		_
Postcode		
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
Telephone number	01273 731144	public record.
5	Insolvency practitioner number	
Number	1 0 8 5 2	

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6	Liquidator's name ⁰	
Full forename(s)	Christopher	Other Liquidator's details Use this section to tell us about
Surname	Latos	another liquidator.
7	Liquidator's address ²⁰	
Building name/number	44-46 Old Steine	Other Liquidator's details
Street	Brighton	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	BN1 1NH	
County/Region		
Postcode		
Country		
8	Liquidator's email address or telephone number ¹⁰	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	01273 731144	public record.
9	Insolvency practitioner number	
Number	9 3 9 9	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} \frac{1}{2} & \frac{1}{4} & \frac{m}{1} & \frac{m}{1} & \frac{y}{2} & \frac{y}{0} & \frac{y}{2} & \frac{y}{0} \end{bmatrix}$	
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	X Maran Maran	×
Signature date	$\begin{bmatrix} 1 & & & & \\ 2 & 5 & & & \end{bmatrix} \begin{bmatrix} m & m & & \\ 1 & 1 & & \end{bmatrix} \begin{bmatrix} y & y & \\ 2 & 0 & \end{bmatrix} \begin{bmatrix} y & 0 & \\ 2 & 0 & \end{bmatrix} \begin{bmatrix} y & 0 & \\ 0 & 0 & \end{bmatrix}$	

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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.

1		
Contact name	Jamie Pain	
Company name	White Maund	
Address	44-46 Old Steine	
	Brighton	
Post town	BN1 1NH	
County/Region		
Postcode		
Country		
DX	info@whitemaund.co.uk	
Telephone	01273 731144	

✓ 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.

f 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