In accordance with section 109 of the Insolvency Act 1986

## 600



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



\*A78YFJQ9\* 27/06/2018 COMPANIES HOUSE

•1

1 Company details									
Company number	0	2	9	2	6	2	5	9	→ Filling in this form Please complete in typescript or in
Company name in full	Inv	/ict	ta Le	eisur	bold black capitals.				
2	Liqu	ıid	ator	's nai	me				
Full forename(s)	Simon David								
Surname	Chandler								
3	Liqu	ıid	ator'	's ado	dres	s			
Building name/number	C/O Mazars LLP								
Street	45 Church Street								
Post town	Birmingham								
County/Region		_					-		
Postcode	B 3 2 R T								
Country								***	
4	Liqu	ıid	ator'	's em	ail a	nddr	ess	or telephone number   O	• You must give an email address or
Email address	simon.chandler@mazars.co.uk								telephone number. All information on this form will appear on the public record.
Telephone number	0121 232 9500								
5					_	one	r nui	mber	
Number	0	0	8	8	2	2			

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6	Liquidator's name <sup>©</sup>										
Full forename(s)	Scott Christian	Other Liquidator's details									
Surname	Bevan	Use this section to tell us about another liquidator.									
7	Liquidator's address o										
Building name/number	C/O Mazars LLP	Other Liquidator's details									
Street	45 Church Street	Use this section to tell us about another liquidator. Use the									
		continuation page to tell us about more than two liquidators.									
Post town	Birmingham										
County/Region											
Postcode	B 3 2 R T										
Country											
8	Liquidator's email address or telephone number <sup>©</sup>	You must give an email address or									
Email address	scott.bevan@mazars.co.uk	telephone number. All information on this form will appear on the									
Telephone number	0121 232 9500										
9	Insolvency practitioner number										
Number	0 0 9 6 1 4										
10	Statement of appointment										
	I confirm the appointment of the liquidator(s) on										
Date	1 8 0 6 ½ V 1 8										
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										
	X moin an alm	X									
Signature date	<sup>d</sup> 2										

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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	Phillip Shaughnessy
Company name	Mazars LLP
Address	45 Church Street
	Birmingham
Post town	B3 2RT
County/Region	
Postcode	
Country	
DX	
Telephone	0121 232 9500

#### ✓ 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.

#### 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