In accordance with section 109 of the Insolvency Act 1986

600



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

WEDNESDAY



efer to

A23 02/10/2019 COMPANIES HOUSE

Company details → Filling in this form Company number 8 3 9 Please complete in typescript or in Company name in full **Precoat Limited** bold black capitals. Liquidator's name Full forename(s) Stephen Roland Browne Surname 3 Liquidator's address Building name/number Street **New Street Square** Post town London County/Region Postcode EC Α 3 H Q Country United Kingdom Liquidator's email address or telephone number • • You must give an email address or telephone number. All information Email address cseago@deloitte.co.uk on this form will appear on the public record. Telephone number +44 20 7303 5665 Insolvency practitioner number Number

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6	Liquidator's name [©]		
Full forename(s)	lan Harvey	Other Liquidator's details Use this section to tell us about another liquidator.	
Surname	Dean		
7	Liquidator's address o		
Building name/number	1	Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
Street	New Street Square		
Post town	London		
County/Region		-	
Postcode	EC4A3HQ		
Country	United Kingdom	-	
8	Liquidator's email address or telephone number [©]	You must give an email address or	
Email address	cseago@deloitte.co.uk	telephone number. All information on this form will appear on the public record.	
Telephone number	+44 20 7303 5665		
9	Insolvency practitioner number	•	
Number	0 0 9 4 6 2		
10	Statement of appointment		
	1 confirm the appointment of the liquidator(s) on		
Date	$\begin{bmatrix} d_2 \end{bmatrix} \begin{bmatrix} d_5 \end{bmatrix} \begin{bmatrix} m_0 \end{bmatrix} \begin{bmatrix} m_9 \end{bmatrix} \begin{bmatrix} y_2 \end{bmatrix} \begin{bmatrix} y_0 \end{bmatrix} \begin{bmatrix} y_1 \end{bmatrix} \begin{bmatrix} y_9 \end{bmatrix}$		
11	Appointment details		
	The appointment was made by		
	(Tick one) ☑ Company		
	□ Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type	-	
	☑ Members		
	□ Creditors		
13	Sign and date	,	
Liquidator's signature	Signature		
	X//		
Signature date	d 2 d 6 d 9 d 9 d 9 d 9 d 9 d 9 d 9 d 9 d 9		

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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 Chloe Seago Deloitte LLP Address 1 New Street Square Post town London County/Region Postcode Ε C Q Country United Kingdom DX Telephone +44 20 7303 5665 Checklist We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

following:

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