

600

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



Companies House

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

1 Company details

Company number 0 3 4 9 5 2 9 7

Company name in full Mark Education Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Shane

Surname Biddlecombe

3 Liquidator's address

Building name/number HJS Recovery (UK) Ltd

Street 12-14 Carlton Place

Post town Southampton

County/Region

Postcode S O 1 5 2 E A

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 023 8023 4222

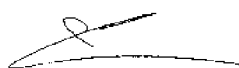
^① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 9 4 2 5

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6 Liquidator's name^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Gordon	
Surname	Johnston	
7 Liquidator's address^②		② 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.
Building name/number	HJS Recovery (UK) Ltd	
Street	12-14 Carlton Place	
Post town	Southampton	
County/Region		
Postcode	S O 1 5 2 E A	
Country		
8 Liquidator's email address or telephone number^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address		
Telephone number	023 8023 4222	
9 Insolvency practitioner number		
Number	8 6 1 6	
10 Statement of appointment		
I confirm the appointment of the liquidator(s) on		
Date	d 2 0 m 0 8 y 2 0 2 0	
11 Appointment details		
The appointment was made by (Tick one)		
<input type="checkbox"/> Company		
<input checked="" type="checkbox"/> Creditors		
12 Type of liquidation		
Tick to confirm the liquidation type		
<input type="checkbox"/> Members		
<input checked="" type="checkbox"/> Creditors		
13 Sign and date		
Liquidator's signature	Signature X 	X
Signature date	d 2 5 m 0 9 y 2 0 2 0	

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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

Sam Jones

Company name

HJS Recovery (UK) Ltd

Address

12/14 Carlton Place

Southampton

Post town

SO15 2EA

County/Region

Postcode

Country

DX

Telephone

023 8023 4222

**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