

600

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



Companies House

THURSDAY



to

A07 *A72RU9IB* 29/03/2018 #309
COMPANIES HOUSE

1 Company details

Company number 0 3 4 9 8 4 2 7

Company name in full Active Vetcare Limited

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Lee Anthony

Surname Green

3 Liquidator's address

Building name/number King Street House

Street 15 Upper King Street

Post town Norwich

County/Region

Postcode N R 3 1 R B

Country

4 Liquidator's email address or telephone number ^①

Email address lee.green@larking-gowen.co.uk

Telephone number 01603 624181


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 0 1 5 6 1 0

600

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

| | | | |
|------------------------|--|-------|--|
| 6 | Liquidator's name ^① | | ① Other Liquidator's details Use this section to tell us about another liquidator. |
| | Full forename(s) | | |
| | Surname | | |
| 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 | | |
| | Street | | |
| | Post town | | |
| | County/Region | | |
| | Postcode | | |
| | 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 | | |
| 9 | Insolvency practitioner number | | |
| | Number | | |
| 10 | Statement of appointment | | |
| | I confirm the appointment of the liquidator(s) on | | |
| Date | d 2 7 | m 0 3 | y 2 0 1 8 |
| 11 | Appointment details | | |
| | The appointment was made by (Tick one) | | |
| | <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors | | |
| 12 | Type of liquidation | | |
| | Tick to confirm the liquidation type | | |
| | <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors | | |
| 13 | Sign and date | | |
| Liquidator's signature | Signature  | | |
| Signature date | d 2 8 | m 0 3 | y 2 0 1 8 |