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

Company details					
0 3 6 6 6 7 6 8	→ Filling in this form Please complete in typescript or in bold black capitals.				
K Business Limited					
Liquidator's name					
Kelly					
Mitchell					
Liquidator's address					
Office D					
Beresford House					
Town Quay					
Southampton					
S O 1 4 2 A Q					
Liquidator's email address or telephone number 🍑	● You must give an email address or				
telephone number. All information this form will appear on the					
02380336464	public record.				
Insolvency practitioner number					
2 7 1 1 0					
	Color Colo				

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6	Liquidator's name •				
Full forename(s)	Other Liquidator's details				
Surname		 Use this section to tell us about another liquidator. 			
7	Liquidator's address [®]				
Building name/number		Other Liquidator's details Use this section to tell us about			
Street		another liquidator. Use the continuation page to tell us about more than two liquidators.			
Post town		_			
County/Region		_			
Postcode					
Country		-			
8	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		public record.			
9	Insolvency practitioner number				
Number					
10	Statement of appointment				
	I confirm the appointment of the liquidator(s) on				
Date	$ \begin{bmatrix} d & 1 \\ \hline \end{bmatrix} \begin{bmatrix} m & m \\ \hline \end{bmatrix} \begin{bmatrix} m \\ \end{bmatrix} \begin{bmatrix} m \\ \end{bmatrix} \begin{bmatrix} $				
11	Appointment details				
	The appointment was made by (Tick one) □ Company □ Creditors Creditors Cred				
12	Type of liquidation				
	Tick to confirm the liquidation type ☑ Members □ Creditors				
13	Sign and date				
Liquidator's signature	Signature X	ζ			
 Signature date	$\begin{bmatrix} 1 & 1 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 1 & 1 $				

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

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	Ellie	Roc	oney							
Company name	c/o (Quar	ntum	a Ad	visc	ry L	.im	ite	d	
Address	Offic	e D	Bere	esfoi	d H	ouse)			
Town C	uay									
Post town	Sout	tham	ptor	1						
County/Region	Ham	pshi	ire							
Postcode		S	0	1	4			2	Α	Q
Country										
DX										
Telephone	0238	30 33	3646	64						

✓ 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.
- \square 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

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		• You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
5	Insolvency practitioner number	pasiic recordi
Insolvency practitioner		
number		