

600

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



Companies House



fer to

1 Company details

Company number 0 3 6 7 1 5 7 6

Company name in full Shires Timber Co. Ltd.

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

2 Liquidator's name

Full forename(s) Simon David

Surname Chandler

3 Liquidator's address

Building name/number c/o Mazars LLP

Street

Post town 45 Church Street

County/Region Birmingham

Postcode B 3 2 R T

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 0121 232 9500

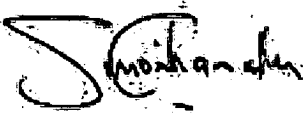
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 0 0 8 8 2 2

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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) | Scott Christian | | |
| Surname | Bevan | | |
| 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 | c/o Mazars LLP | | |
| Street | | | |
| Post town | 45 Church Street | | |
| County/Region | Birmingham | | |
| Postcode | B 3 2 R T | | |
| 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 | 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 | d 2 7 m 0 8 y 2 0 2 0 | | |
| 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 X  X | | |
| Signature date | d 0 1 m 0 9 y 2 0 2 0 | | |

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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

Amanda Miller

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