In accordance Section 109 of Insolvency Act 1986.

with the 600



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

C. T. C.	
Companies	House

									WEDNESDAY	*A7FS3IØI* A22 03/10/2018 #7		
1	Con	npai	ny d	etail	s	COMPANIES HOUSE						
Company number	0	3	7	4	5	6	9	2		→Filling in this form  Please complete in typescript		
Company name in full	BG CSB2 Limited or in bold black capitals.											
2	Liqı	uida	tor's	nar	ne							
Full forename(s)	Nicholas James											
Surname	Timpson											
3	Liqu	uida	tor's	ado	dres	s						
Building name/number	15											
Street	Canada Square											
Post town	London											
County/Region												
Postcode	Е	1	4		5	G	L					
Country	Unite	d Kin	ngdon	า			.1		·			
4	Liqu	uida	tor's	em	ail a	ıddre	ess	or te	lephone numbe	er O		
Email address	ferwa	ah.sha	aheer	า@kp	mg.c	o.uk				You must give an email address or telephone number. All		
Telephone number	020 3078 3289 address or telephone number. information on this form appear on the public record.											
5	Insc	olvei	ncy	prac	titio	ner	num	ıber				
Number	2	0	6	1	0							

	Notic	otice of appointment of liquidator in members' or creditors'												
6	Liqu	ıidat	or's	nam	e <b>O</b>		. <u>-</u>							
Full forename(s)	Mark	Jerer	ny		Other Liquidator's details									
Surname	Ortor	1			Use this section to tell us about another liquidator.									
7	Liqu	ıidat	or's	addr	ess	0								
Building name/number	15					Other Liquidator's details Use this section to tell us about another liquidator. Use the								
Street	Canada Square											continuation page to tell us about more than two liquidators.		
													•	
Post town	Lond	on												
County/Region												•		
Post code	E 1 4 5 G L													
Country	Unite	United Kingdom												
8	Liqu	ıidat	or's	emai	lado	iress	or t	elepl	none	nun	nber €	•		
Email address												You must give an email address or telephone number. All information		
Telephone number													on this forma will appear on the public record.	
9	Insc	lven	су р	racti	tione	er nu	mbe	r					•••	
Number	8	8	4	6										
10	Stat	eme	nt of	арр	ointn	nent	•							
	I con	firm th	e app	ointm	ent of	the lic	quidato	or(s) o	n					
Date	1	8		0	9		2	0	1	8	]		· ·	
11	Арр	ointi	ment	deta	ails			•						
	The appointment was made by (Tick one) ☑ Company □ Creditors													
12				dotio	<u> </u>		<u> </u>							
12	Type of liquidation  Tick to confirm the liquidation type													
•	✓ Members													
40	☐ Creditors  Sign and date													
13 Liquidator's signature	Signatur		ı dat	е										
Signature date	<b>x</b>	6	√) 1	<b>A</b>	9	-  ]	2	0	1	8	1	×		
		َ		ا				<u> </u>			<u> </u>			

## 600

Notice of appointment of liquidators in members' or creditors' voluntary winding up

□ Presen	ter ir	nfori	nati	on				Important information  All information on this form will appear on the public record.					
You do not I but if you do is a query o you give will record.	it will n the	help form	Comp . The	anies cont	Hou act ir	se if t	here ation						
Contact name F	erwah	1 Sha	heen					⊠ Where to send					
Сотрапу пате	KPMO	3 LLF	)					You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:					
Address 15 Canada S	Square	<del>)</del>						The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ.  DX 33050 Cardiff.					
Post town Long	don												
County/Region Postcode	Τ ,	I .	r	I			Γ.	Further information					
Posicode	E	1	4	L.	5	G	L	Further information					
DX Telephone 020								For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk  This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk					
✓ Check			-				<u>—</u>						
We may ref or with info					ed in	corre	ectly						
Please mak following:	e sur	e you	ı hav	e rer	nemb	ered	the						
☐ The cominformati							the						
☐ You have	e attac	ched t	he re	quire	d doc	umen	its.						
☐ You have	e signe	ed the	e form	۱.									