In accordance with section 109 of the Insolvency Act 1986

## 600



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

Companies House



31/07/2018 #378 COMPANIES HOUSE

| 1                    | Company details                                  |  |
|----------------------|--|--|
| Company number       | 0 3 8 0 6 5 3 9                                  | → Filling in this form  Please complete in typescript or in bold black capitals.                                   |
| Company name in full | GM COMMUNITY DEVCO LTD                           |  |
|                      |  |  |
| 2                    | Liquidator's name                                |  |
| Full forename(s)     | JONATHAN   |  |
| Surname              | AMOR   |  |
| 3                    | Liquidator's address                             |  |
| Building name/number | THE PORTERGATE                                   |  |
| Street               | ECCLESALL ROAD                                   |  |
|                      |  |  |
| Post town            | SHEFFIELD  |  |
| County/Region        | SOUTH YORKSHIRE                                  |  |
| Postcode             | S 1 1 8 N X                                      |  |
| Country              | ENGLAND  |  |
| 4                    | Liquidator's email address or telephone number • | You must give an email address or telephone number. All information on this form will appear on the public record. |
| Email address        | jonathan@aminsolvency.co.uk                      |  |
| Telephone number     | 01142096088                                      |  |
| 5                    | Insolvency practitioner number                   |  |
| Number               | 1 7 7 7 0  |  |

600

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

| 6                      | Liquidator's name <sup>10</sup>                             |   |
|------------------------|---|---|
| Full forename(s)       |   | Other Liquidator's details Use this section to tell us about  |
| Surname                |   | another liquidator.   |
| 7                      | Liquidator's address ♥                                      |   |
| Building name/number   |   | Other Liquidator's details  |
| Street                 |   | Use this section to tell us about 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                              | <u> </u>  |
| Number                 |   |   |
| 10                     | Statement of appointment                                    |   |
|                        | I confirm the appointment of the liquidator(s) on           |   |
| Date                   | <sup>1</sup> 2 <sup>1</sup> 6                               |   |
| 11                     | Appointment details   |   |
|                        | The appointment was made by (Tick one)  Company  Creditors  |   |
| 12                     | Type of liquidation   |   |
| _                      | Tick to confirm the liquidation type  ☐ Members ☐ Creditors |   |
| 13                     | Sign and date   | ·   |
| Liquidator's signature | X Mark  | ×   |
| Signature date         | d 3   d 0   m 0 m 7   y 2   y 0   y 1   y 8                 |   |