In accordance with section 109 of the Insolvency Act 1986

## 600



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



28/04/2018

COMPANIES HOUSE

1	Company details					
Company number	0 3 8 3 5 7 5 2	→ Filling in this form Please complete in typescript or in				
Company name in full	Alcobendas Entrust Limited	bold black capitals.				
2	Liquidator's name					
Full forename(s)	Sean					
Surname	Croston					
3	Liquidator's address					
Building name/number	1020					
Street	Eskdale Road					
Post town	Winnersh					
County/Region	Wokingham					
Postcode	R G 4 1 5 T S					
Country						
4	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	02380 381146	public record.				
5	Insolvency practitioner number					
Number	8 9 3 0					

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6	Liquidator's name <sup>0</sup>				
Full forename(s)		Other Liquidator's details			
Surname		Use this section to tell us about another liquidator.			
7	Liquidator's address o				
Building name/number		<b>②</b> Other Liquidator's details			
Street		<ul> <li>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.</li> </ul>			
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	[°2   °3   °°0   °4   °4   °4   °4   °4   °4   °				
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	Signature X				
Signature date	27 104 210118				
<u> </u>		<u>-i</u>			

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### 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									
Company name	Gra	nt Th	ornt	on l	JK L	LP			
Address	102	0 Esi	kdal	e Ro	ad				
					•				
Post town	Win	nersi	า						
County/Region	Wok	ingh	am	٠					
Postcode		R	G	4	1		5	T	s
Country									
DX									
Telephone									
I									

#### ✓ 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.

#### **f** 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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600 - continuation page

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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 •	<u></u>
Email address		• You must give an email address or
Telephone number		telephone number, All information on this form will appear on the public record.
5	Insolvency practitioner number	·
Insolvency practitioner number		
		]