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



Companies House

WEDNESDAY



AAGY9F17

A05

10/11/2021

#244

COMPANIES HOUSE

Please refer to

house

1 Company details

Company number 0 4 0 0 6 1 8 5

Company name in full Glasgow Airport Hotels Holdings Limited

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

2 Liquidator's name

Full forename(s) Michael

Surname Solomons

3 Liquidator's address

Building name/number 82 St John Street

Street

Post town

London

County/Region

Postcode

E C 1 M 4 J N

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number

020 7549 8050

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

9 0 4 3

600

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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)	Andrew	
Surname	Pear	
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	82 St John Street	
Street		
Post town	London	
County/Region		
Postcode	E C 1 M 4 J N	
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	020 7549 8050	
9 Insolvency practitioner number		
Number	9 0 1 6	
10 Statement of appointment		
I confirm the appointment of the liquidator(s) on		
Date	<div> <div>d</div> <div>2</div> <div>d</div> <div>9</div> <div>m</div> <div>1</div> <div>m</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>1</div> </div>	
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	<div>Signature</div> <div>X </div>	X
Signature date	<div> <div>d</div> <div>0</div> <div>d</div> <div>1</div> <div>m</div> <div>1</div> <div>m</div> <div>1</div> <div>y</div> <div>2</div> <div>y</div> <div>0</div> <div>y</div> <div>2</div> <div>y</div> <div>1</div> </div>	

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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	Adam Mitchell
Company name	BM Advisory
Address	82 St John Street
Post town	London
County/Region	
Postcode	E C 1 M 4 J N
Country	
DX	
Telephone	020 7549 8050

**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