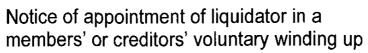
In accordance with Section 89 of the Insolvency Act 1986

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FRIDAY



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11/10/2019 COMPANIES HOUSE #280

i	Company details								
Company number	0 4 5 0 6 5 4 6	Filling in this form Please complete in typescript or in							
Company name in	GE Leveraged Loans Limited	bold black capitals.							
full									
2	Liquidator's name								
Full forename(s)	Richard								
Surname	Barker								
3	Liquidator's address								
Building name/number	1								
Street	More London Place								
Post town	London								
County/Region									
Postcode	S E 1 2 A F								
Country	United Kingdom								
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 public							
Telephone number	020 7951 2000	record							
5	Insolvency practitioner number								
Number	1 7 1 5 0								

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

6	Liquidator's name						
Full forename(s)	Samantha	Other Liquidator's details Use this section to tell us about another liquidator.					
Surname	Keen						
7	Liquidator's address						
Building name/numb	ber 1	Other Liquidator's details					
Street	More London Place	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two					
Post town	London	liquidators.					
Countv/Region							
Postcode	S E 1 2 A F						
Country	United Kingdom						
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 public					
Telephone number	020 7951 2000	record.					
9	Insolvency practitioner number						
Number	9 2 5 0						
10	Statement of appointment						
	I confirm the appointment of the liquidator(s) on						
Date	2 6 0 9 2 0 1 9						
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 Magazin	×					
Signature date	0 1 1 0 2 0 1 9						

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

Presenter information										
You do not hav you do it will he on the form. The visible to searce	elp Co ne con	mpa tact i	nies infori	Hous natio	e if th on you	ereis	aqu	ery		
Contact name Kat	ya Va	sileva	ì							
Company name Ernst	& You	ng LLF	>					-		
Address 1 More London Place										
Posttown Londo	n									
County/Region										
Postcode	S	E	1		2	Α	F			
Country United	Kingd	om	1	-1	·			1		
DX										
Telephone 020 7	951 3	427								
✓ Checklis	st		•							
We may retu	n for	ms c	omp	leted	l inco	rrect	ly 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 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