In accordance with section 109 of the Insolvency Act 1986

## 600



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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details	
Company number	0 4 5 7 8 3 1 8	→ Filling in this form Please complete in typescript or in
Company name in full	Rush Drinks Ltd	bold black capitals.
2	Liquidator's name	
Full forename(s)	Jackie	
Surname	Stringer	
3	Liquidator's address	
Building name/number	2 Glass Wharf	
Street	Temple Quay	
Post town	Bristol	
County/Region		
Postcode	BS20EL	
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	0161 953 6900	public record.
5	Insolvency practitioner number	
Number	9 1 7 6	

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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	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date		
11	Appointment details	
	The appointment was made by (Tick one)  □ Company □ Creditors  □ Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type  ☐ Members ☐ Creditors	
13	Sign and date	
Liquidator's signature	Signature  X  Y  CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	×
Signature date	$\begin{bmatrix} 1 \\ 2 \end{bmatrix} \begin{bmatrix} 0 \\ 7 \end{bmatrix} \begin{bmatrix} 0 \\ 4 \end{bmatrix} \begin{bmatrix} 0 \\ 4 \end{bmatrix} \begin{bmatrix} 0 \\ 2 \end{bmatrix} \begin{bmatrix} 0 $	
Signature date	$ \begin{bmatrix} \frac{1}{2} & \frac{1}{7} & \frac{m}{0} & \frac{1}{4} & \frac{y}{2} & \frac{y}{0} & \frac{y}{2} & \frac{y}{2} \end{bmatrix} $	

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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	Asmirah M Datal	
	Aamirah M Patel	
Company name	Grant Thornton UK LLP	
Address	11th Floor	
	Landmark St Peter's Square	
Post town	1 Oxford St	
County/Region	Manchester	
Postcode	M 1 4 P B	
Country		
DX		
Telephone	0161 953 6900	

#### ✓ 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.

#### *t* 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