In accordance with section 109 of the Insolvency Act 1986

600

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





08/01/2020

to

COMPANIES HOUSE

1	Con	npai	ny d	letai	ls									
Company number	0	4	8	2	6	1	6	,	7			→ Filling in this form Please complete in typescript or in		
Company name in full	Advanced Visioncare Limited										bold black capitals.			
2	Liqu	uida	tor'	s na	me									
Full forename(s)	Bijal													
Surname	Shah													
3	Liqu	ıida	tor's	s ad	dres	s						_		
Building name/number	27	Chui	rch S	treet										
Street														
												7		
Post town	Rickmansworth								[
County/Region	Hertfordshire													
Postcode	w	D	3		1	D	E							
Country														
4 Liquidator's email address or telephone number •						You must give an email address or								
Email address	bija	al.sha	ah@	edge	recov	ery.c	om)				telephone number. All information on this form will appear on the public record.		
Telephone number	+4	4 (0):	1923	776	223									
5	Ins	olve	ncy	pra	ctiti	onei	r nı	um	be	er				
Number	8	7	1	7]				

600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up Liquidator's name Other Liquidator's details Full forename(s) Use this section to tell us about another liquidator Surname Liquidator's address Building Other Liquidator's details name/number Use this section to tell us about Street another liquidator. Use the continuation page to tell us about more than two liquidators. Post town County/Region Postcode Country Liquidator's email address or telephone number You must give an email address **Email address** or telephone number. All information on this form will appear on the Telephone number public record. Insolvency practitioner number Number Statement of appointment 10 confirm the appointment of the liquidator(s) on Date 6 2 0 2 0 **Appointment details** (Tick one) □ Company

☑ Creditors

The appointment was made by

12	Type of liquidation	
	☐ Members ☐ Creditors	
	Tick to confirm the liquidation type	
13	Sign and date	
Liquidator's signature	×	×
Signature date	Signature 0 7 0 1 2 0 2	0
	600	
	Notice of appointment of liquidator in a m voluntary winding up	embers' or creditors'
	Presenter information	Important information
	You do not have to give any contact information, you do it will help Companies House if there is a contact information you give will visible to searchers of the public record.	query public record.
	Bijal Shah	☑ Where to send
	Edge Recovery Limited	You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:
	27 Church Street	The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.
	Rickmansworth	
	Hertfordshire	 _
	W D 3 1 D E	; Further information
	рх	For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk
	+44 (0)1923 776 223	This form is evallable in an
	Checklist	This form is available in an alternative format. Please visit the
	We may return forms completed incorrectly with information missing.	forms page on the website at
	Please make sure you have remembered th	www.gov.uk/companieshouse

following:

☐ The company name and number match the

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Inaccordancewith section 109 of the Insolvency Act 1986.

600 - continuation page

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

1	Company details	
Company number	0 4 8 2 6 1 6 7	
Company name in full	Advanced Visioncare Limited	
2	Liquidator's name	<u></u>
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	
Email address		You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
5	Insolvency practitioner number	
Insolvency practitioner number		
number		
		į.
		12/17 Version 1.0