In accordance with section 109 of the Insolvency Act 1986

## 600



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



20/09/2019 A38 COMPANIES HOUSE

| 1                    | Company details                                  |                                                                   |  |
|----------------------|--------------------------------------------------|-------------------------------------------------------------------|--|
| Company number       | 0 4 8 5 1 2 5 2                                  | → Filling in this form Please complete in typescript or in        |  |
| Company name in full | APG Traffic Limited                              | bold black capitals.                                              |  |
|                      |                                                  |                                                                   |  |
| 2                    | Liquidator's name                                |                                                                   |  |
| Full forename(s)     | Richard                                          |                                                                   |  |
| Surname              | Brewer                                           |                                                                   |  |
| 3                    | Liquidator's address                             |                                                                   |  |
| Building name/number | 25 Farringdon Street                             |                                                                   |  |
| Street               |                                                  | _                                                                 |  |
|                      |                                                  |                                                                   |  |
| Post town            | London                                           |                                                                   |  |
| County/Region        |                                                  | _                                                                 |  |
| Postcode             | EC4AAB                                           |                                                                   |  |
| Country              |                                                  | _                                                                 |  |
| 4                    | Liquidator's email address or telephone number 🍑 | • You must give an email address or                               |  |
| Email address        | restructuring.southampton@rsmuk.com              | telephone number. All information on this form will appear on the |  |
| Telephone number     | 02380 646 464                                    | public record.                                                    |  |
| 5                    | Insolvency practitioner number                   |                                                                   |  |
| Number               | 9 0 3 8                                          |                                                                   |  |
|                      |                                                  |                                                                   |  |

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| 6                      | Liquidator's name <sup>●</sup>                              |                                                                                                                             |  |
|------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|
| Full forename(s)       |                                                             | Other Liquidator's details Use this section to tell us about                                                                |  |
| Surname                |                                                             | another liquidator.                                                                                                         |  |
| 7                      | Liquidator's address <sup>2</sup>                           |                                                                                                                             |  |
| 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 <sup>©</sup> | 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                   | 6 5 ½ 10 1 8                                                |                                                                                                                             |  |
| 11                     | Appointment details                                         |                                                                                                                             |  |
|                        | The appointment was made by (Tick one)  [                   |                                                                                                                             |  |
| 12                     | Type of liquidation                                         |                                                                                                                             |  |
|                        | Tick to confirm the liquidation type  ☐ Members ☑ Creditors |                                                                                                                             |  |
| 13                     | Sign and date                                               |                                                                                                                             |  |
| Liquidator's signature | Signature                                                   | ×                                                                                                                           |  |
| Signature date         | 1 8 0 9 y2 y0 y1 y9                                         |                                                                                                                             |  |
| ·                      |                                                             | ·                                                                                                                           |  |

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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  | Melissa Wells                |  |
|---------------|------------------------------|--|
| Company name  | RSM Restructuring Advisory L |  |
|               |                              |  |
| Address       | Highfield Court, Tollgate    |  |
|               | Chandlers Ford               |  |
|               |                              |  |
| Post town     | Eastleigh                    |  |
| County/Region |                              |  |
| Postcode      | S O 5 3 3 T Y                |  |
| Country       |                              |  |
| DX            |                              |  |
| Telephone     | 02380 646 464                |  |
| 4 61          |                              |  |

#### ✓ 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