In accordance with Section 89 of the Insolvency Act 1986.

600

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



TUESDAY



A8ØKC9KI A25 05/03/2019 COMPANIES HOUSE

#87

1	Con	Company details										
Company number	0	4	9	6	7	6	2	3	Filling in this form			
Company name in	Te	sco	TLB	Barn	stap	Please complete in typescript or in bold black capitals.						
full												
2	Liq	uida	tor's	naı	me							
Full forename(s)	Ric	char	d									
Surname	Ва	rker										
3	Liq	uida	tor's	s ad	dres	S						
Building name/number	1											
Street	Mor	e Lo	ndor	Pla								
Post town	London											
County/Region												
Postcode	S	E	1	2	Α	F						
Country			1									
4	Liquidator's email address or telephone number You must give an email address or											
Email Address	Rb	arke	er@u	k.ey.	telephone number. All information on this form will appear on the public							
Telephone number	02	0 79	51 20	000	record.							
5	Insolvency practitioner number											
Number	1	7	1	5	0	T						

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6	Liquidator's name										
Full forename(s)	Samantha Jane	Other Liquidator's details Use this section to tell us about									
Surname	Keen	another liquidator.									
7	Liquidator's address										
Building name/numb	per 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									
Post town	London	two liquidators.									
County/Region											
Postcode	S E 1 2 A F										
Country											
8	Liquidator's email address or telephone number	You must give an email address or									
mail Address	Skeen@uk.ey.com	telephone number. All information or this form will appear on the public									
elephone 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 2 0 2 2 0 1 9										
11	Appointment details										
	The appointment was made by										
	(Tick one)										
	☑ Company										
12	☐ Creditors Type of liquidation										
	Tick to confirm the liquidation type										
	™ Members										
	□ Creditors										
13	Sign and date										
Liquidator's signature	Signature										
	X Myulu	X									
Signature date	0 1 0 3 2 0 1 9										

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following:

☐ The company name and number match the information held on the public Register.

☐ You have signed the form.

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Presenter information										Importar		
You do not you do it w on the forn visible to se	illhelp Co n. The cor	mpa itact i	nies I nforr	Hous natio	eifth on you	erei	saqu	iery		information public reco		
Contact name	Ubaid Mu	ıssa							igtriangledown	Where to		
Company name E	rnst & You	ng		_					ad	u may retur dress, howe urn it to the		
	More Lond	lon Pla	ace						The	e Registrar of own Way, Car 33050 Cardi		
Post town LC County/Region												
Postcode	S	E	1	2	Α	F				Further		
DX Telephone 02	20 7783 0	885			.,.				on	further inforn the website a email enquirie		
Chec We may re with infor	eturn for			letec	l inco	rrect	ly o	r	al	nis form ternative e forms		
Please ma	ke sure i	vou h	31/0	rome	mhe	red t	ha		uı	C 1011119		

nt information

n on this form will appear on ord.

o send

n this form to any Companies House ver for expediency we advise you to e address below:

Companies, Companies House, diff, Wales, CF14 3UZ.

Information

nation please see the guidance notes it www.gov.uk/companieshouse s@companieshouse.gov.uk

is available in an e format. Please visit page on the website at www.gov.uk/companieshouse