In accordance with section 109 of the Insolvency Act 1986

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Companies House

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

SATURDAY



12/10/2019 COMPANIES HOUSE

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1	Cor	mpa	ıny	det	ails						
Company number	0	5	1	2	4	2	8	0	Filling in this form Please complete in typescript or in		
Company name in full	CIN	1DE	RE	LLA	SH	bold black capitals.					
									_		
2	Liq	uid	ato	r's ı	nam	e					
Full forename(s)	UMANG										
Surname	PATEL										
3	Liqu	uida	itor	's a	ıddr	ess	;				
Building name/number	NE	EUN	1 IN	SO	LVE	NC	Y				
Street	SU	JITE	9,	AM	BA :						
	15	СО	LLI	EGE	RO						
Post town	HARROW										
County/Region	MIDDLESEX										
Postcode	HAIBA										
Country	UNITED KINGDOM								_		
4 Liquidator's email address or telephone number					●You must give an email address or						
Email address	UN	MAI	1G(NE	EUM	IINS	SOL	VENCY.CO.UK	telephone number. All information on this form will appear on the		
Telephone number	02	0 34	11 9	9598	3	public record.					
5	Ins	olve	enc	ур	ract	itio	ner	number			
Number	$\lceil 1 \rceil$	8	7	9	0						

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6	Liquidator's name	
Full forename(s)		Other Liquidator's details Use this section to tell us
Surname		about another liquidator.
7	Liquidator's address ●	
Building name/number		Other Liquidator's details Use
Street		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 telephone number. All information
Email address		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	$\begin{bmatrix} 1 & 0 & M & M & M & M & M & M & M & M & M$	1
11	Appointment details	
	The appointment was made by	
	(Tick one) ☐ Company	
	☑ Creditors	
·	Type of liquidation	
	Tick to confirm the liquidation type	
	□ Members	
	☑ Creditors	
113	Sign and date	
Liquidator's signature	Signature X	×
Signature date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	

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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	
	Georgia Stavroulaki
Company name	•
	Neum Insolvency
Address	-
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite 9
	Amba House
	Amua nouse
	15 College Road
Post town	
	Harrow
County/Region	
	<u>Middlesex</u>
Postcode	$\begin{vmatrix} \mathbf{H} & \mathbf{A} & \mathbf{I} & \mathbf{I} & \mathbf{I} & \mathbf{B} & \mathbf{A} \end{vmatrix}$
Country	
	United Kingdom
DX	
Telephone	
	020 3411 9598

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