

600

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



Companies House

FRIDAY



AA7EVLOA

A07

25/06/2021

#120

COMPANIES HOUSE

1	Company details	
Company number	0 5 5 5 7 8 2 4	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	STARLIGHT NIGHT VISION LIMITED	
2	Liquidator's name	
Full forename(s)	Alisdair J	
Surname	Findlay	
3	Liquidator's address	
Building name/number	Saxon House	
Street	Saxon Way	
Post town	Cheltenham	
County/Region		
Postcode	G L 5 2 6 Q X	
Country		
4	Liquidator's email address or telephone number ^①	① You must give an email address or telephone number. All information on this form will appear on the public record.
Email address		
Telephone number	01242 576555	
5	Insolvency practitioner number	
Number	0 0 8 7 4 4	

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6 Liquidator's name^①

Full forename(s)	Alisdair J
Surname	Findlay

① Other Liquidator's details
Use this section to tell us about another liquidator.**7 Liquidator's address^②**

Building name/number	Saxon House
Street	Saxon Way
Post town	Cheltenham
County/Region	
Postcode	G L 5 2 6 Q X
Country	

② Other Liquidator's details
Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.**8 Liquidator's email address or telephone number^③**

Email address	
Telephone number	01242 576555

③ You must give an email address or telephone number. All information on this form will appear on the public record.**9 Insolvency practitioner number**

Number	0	0	8	7	4	4
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date	d	2	d	3	m	0	m	6	y	2	y	0	y	2	y	1
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11 Appointment detailsThe appointment was made by
(Tick one)

- ☐ Company
☒ Creditors

12 Type of liquidation

Tick to confirm the liquidation type


- ☐ Members
☒ Creditors

13 Sign and date

Liquidator's signature

Signature

X



X

Signature date

d	2	d	3	m	0	m	6	y	2	y	0	y	2	y	1
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