

600

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



Companies House

FRIDAY



A04 19/01/2018 #223
COMPANIES HOUSE

se refer to

ie

1 Company details

Company number 0 5 7 1 0 2 2 5
Company name in full Dormer Place Restaurants Limited
(formerly trading as Restaurant 23)

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Vincent John
Surname Green

3 Liquidator's address

Building name/number 4 Mount Ephraim Road
Street Tunbridge Wells
Post town Kent
County/Region
Postcode T N 1 1 E E
Country

4 Liquidator's email address or telephone number ^①

Email address Vince.Green@crowecw.co.uk
Telephone number 01892 700200

① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 0 0 9 4 1 6

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6 Liquidator's name ^①

Full forename(s)

Surname

① Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address ^②

Building name/number

Street

Post town

County/Region

Postcode

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

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

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

^d1 ^d1 ^m1 ^m2 ^y2 ^y0 ^y1 ^y7

11 Appointment details

The appointment was made by
(Tick one)

☒ Company

☐ Creditors

12 Type of liquidation

Tick to confirm the liquidation type

☐ Members

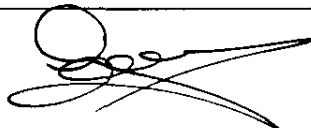
☒ Creditors

13 Sign and date

Liquidator's signature

Signature

X





X



Signature date

^d1 ^d5 ^m0 ^m1 ^y2 ^y0 ^y1 ^y8

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	Presenter information
<p><i>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.</i></p>	
Contact name	Steven Edwards
Company name	CCW Recovery Solutions
Address	4 Mount Ephraim Road
Tunbridge Wells	
Post town	Kent
County/Region	
Postcode	T N 1 1 E E
Country	
DX	
Telephone	01892 700200

	Checklist
<p>We may return forms completed incorrectly or with information missing.</p>	
<p>Please make sure you have remembered the following:</p>	
<p><input type="checkbox"/> The company name and number match the information held on the public Register.</p>	
<p><input type="checkbox"/> You have signed and dated the form.</p>	

	Important information
<p>All information on this form will appear on the public record.</p>	
	Where to send
<p>You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:</p>	
<p>The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.</p>	

	Further information
<p>For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk</p>	
<p>This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse</p>	