In accordance with section 109 of the Insolvency Act 1986

## 600



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



		COMPANIES HOUSE					
1	Company details						
Company number	0 5 9 4 7 8 9 5	→ Filling in this form Please complete in typescript or in					
Company name in full	P1 Bars Propco 2 Limited	bold black capitals.					
2	Liquidator's name						
Full forename(s)	Julie						
Surname	Tait						
3	Liquidator's address						
Building name/number	Grant Thornton UK LLP, 7						
Street	Exchange Crescent						
	Conference Square						
Post town	Edinburgh						
County/Region							
Postcode	E H 3 8 A N						
Country	UK						
4	Liquidator's email address or telephone number •	• You must give an email address or					
Email address	Julie.tait@uk.gt.com	telephone number. All information on this form will appear on the					
Telephone number		public record.					
5	Insolvency practitioner number						
Number	2 3 1 1 0						

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6	Liquidator's name <sup>©</sup>							
Full forename(s)	Stuart	Other Liquidator's details Use this section to tell us about						
Surname	Preston	another liquidator.						
7	Liquidator's address ®							
Building name/number	Grant Thornton UK LLP, Level 8	Other Liquidator's details						
Street	110 Queen Street	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.						
Post town	Glasgow							
County/Region								
Postcode	G 1 3 B X							
Country								
8	Liquidator's email address or telephone number ©	You must give an email address or						
Email address	stuart.preston@uk.gt.com	telephone number. All information on this form will appear on the						
Telephone number	public record.							
9	Insolvency practitioner number							
Number	1 3 4 3 0							
10	Statement of appointment							
	I confirm the appointment of the liquidator(s) on							
Date	$\begin{bmatrix} d & 1 & d & 2 \end{bmatrix}$ $\begin{bmatrix} m & 1 & m & 1 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 & y & 1 & y & 1 \end{bmatrix}$							
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  S  Caux	×						
Signature date	0 0 0 m, m2 y2 y0 y, y							

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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	Victoria Reid				
Company name Grant Thornton UK LLP					
Address	Level 8				
110 Queen Street					
Post town	Glasgow				
County/Region					
Postcode	G 1 3 B X				
Country	UK				
DX					
Telephone					

### ✓ 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.

### **f** 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

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600 - continuation page Notice of appointment of liquidator in a members' or creditors' voluntary winding up

1	Com	pany	deta	ils 			- <b></b> -	
Company number		Ì	_	1				-
Company name in full								
2	Liqui	dator	r's na	ame				
Full forename(s)								
Surname								
3	Liqui	idato	r's a	ddre	ss			
Building name/number								
Street								-
								-
Post town	_							grade
County/Region	<u> </u>							-
Postcode			_[_					
Country	<u></u>			<u>,                                     </u>				
4	Liqui	idato	r's ei	mail	ado	iress	or telephone number	
Email address	<u> </u>							• You must give an email address or
Telephone number						<u>.</u>	<del></del>	<ul> <li>telephone number. All information on this form will appear on the public record.</li> </ul>
5	Inso	lvency	y pra	ctit	ione	r nu	mber	
Insolvency practitioner								
number	,	1	•	'	'	1		