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



e refer to

10/11/2021

COMPANIES HOUSE

Company details Company number 0 0 6 0 → Filling in this form Please complete in typescript or in bold black capitals. Company name in full Tonstate Ten Limited Liquidator's name Full forename(s) Michael Surname Solomons 3 Liquidator's address Building name/number 82 St John Street Street Post town London County/Region Postcode E C 1 Μ 4 Country 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 public record. Telephone number 020 7549 8050 Insolvency practitioner number Number 0 4 3

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

6	Liquidator's name [©]	 ,
Full forename(s)	Andrew	Other Liquidator's details Use this section to tell us about
Surname	Pear	another liquidator.
7	Liquidator's address ⁹	
Building name/number	82 St John Street	Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about
Street		
		more than two liquidators.
Post town	London	_
County/Region	<u> </u>	
Postcode	E C 1 M 4 J N	_
Country		
8	Liquidator's email address or telephone number [©]	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	020 7549 8050	public record.
9	Insolvency practitioner number	
Number	9 0 1 6	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	2 9 1 0 2 0 2 1	
11	Appointment details	_
	The appointment was made by (Tick one)	
	☐ Company	
	□ Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type	
	✓ Members☐ Creditors	
	☐ Creditors	
13	Sign and date	
Liquidator's signature	Signature	
	X	·
Signature date	$\begin{bmatrix} d & 0 & 0 & 0 & 0 \end{bmatrix}$	

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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	Adam Mitchell
Company name	BM Advisory
Address	82 St John Street
Post town	London
County/Region	
Postcode	ECIM 4JN
Country	
DX	
Telephone	020 7549 8050

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