In accordance with section 109 of the Insolvency Act 1986

## 600



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

\*A7XØKFS8 A13 12/01/2019

**COMPANIES HOUSE** 

#54

1	Company details	
Company number	0 6 1 6 4 1 3 7	→ Filling in this form  Please complete in typescript or in
Company name in full	AcademySport Leisure Centre Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Mark	
Surname	Newman	
3	Liquidator's address	
Building name/number	4 Mount Ephraim Road	
Street	Tunbridge Wells	
Post town	Kent	
County/Region		
Postcode	TN11EE	
Country		
4	Liquidator's email address or telephone number •	• You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	recoverysolutions@crowe.co.uk	
Telephone number	01892 700200	
5	Insolvency practitioner number	
Number	0 0 8 7 2 3	

600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up Liquidator's name • Vincent John O Other Liquidator's details Full forename(s) Use this section to tell us about Surname Green another liquidator. Liquidator's address @ Building name/number 4 Mount Ephraim Road Other Liquidator's details Use this section to tell us about Street Tunbridge Wells another liquidator. Use the continuation page to tell us about more than two liquidators. Post town Kent County/Region Postcode 1 EE Т N. Country Liquidator's email address or telephone number 9 8 You must give an email address or telephone number. All information Email address recoverysolutions@crowe.co.uk on this form will appear on the public record. Telephone number 01892 700200 Insolvency practitioner number Number 0 0 9 4 6 10 Statement of appointment I confirm the appointment of the liquidator(s) on Date 2 0 1 Ö 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 <sup>m</sup> ຶດ 🖁 9 |<sup>7</sup>2 | <sup>7</sup>0 | <sup>7</sup>1 | <sup>7</sup>9 Signature date

#### 600

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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	Tess Whitney	
Company name	Crowe U.K. LLP	
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

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.

#### 

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