In accordance with section 109 of the Insolvency Act 1986

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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details	
Company number	0 6 2 2 1 1 4 6	Filling in this form
Company name in full	55 PIXELS LIMITED	Please complete in typescript or in bold black capitals.
2	Liquidator's name	<u> </u>
ull forename(s)	Joylan	
Surname	Sunnassee	
3	Liquidator's address	
Building name/number	1 Beauchamp Court	
itreet	Victors Way	
ost town	Barnet	
County/Region	Herts	
ostcode	E N 5 T Z	
Country		
1	Liquidator's email address or telephone number •	• You must give an email address of
mail address		telephone number. All information this form will appear on the
elephone number	020 8216 2520	public record.
5	Insolvency practitioner number	
lumber	1 0 4 7 0	

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6	Liquidator's name •	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address @	
Building name/number		Other Liquidator's details
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		
County/Region		
Postcode		
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		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	0 5 0 1 2 7 1	
11	Appointment details	-
	The appointment was made by (Tick one) ☐ Company ☐ Creditors	
12	Type of liquidation	<u> </u>
	Tick to confirm the liquidation type ☐ Members ☑ Creditors	
13	Sign and date	
Liquidator's signature	Signature X	×
Signature date	0 5 0 1 7 2 7 1	

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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	Lila Saru
Company name	BBK Partnership
Address	1 Beauchamp Court
	Victors Way
Post town	Barnet
County/Region	Herts
Postcode	E N 5 5 T Z
Country	·
DX	
Telephone	020 8216 2520

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