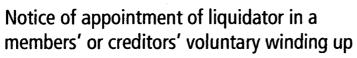
In accordance with section 109 of the Insolvency Act 1986 600





WEDNESDAY



A09

13/07/2022 COMPANIES HOUSE

#174

1	Company details	
Company number	0 6 4 2 4 9 3 9	→ Filling in this form  Please complete in typescript or i
Company name in full	MARTYR CONSTRUCTION LIMITED	bold black capitals.
2	Liquidator's name	
Full forename(s)	GARETH	
Surname	STONES	
3	Liquidator's address	
Building name/number	63	
Street	WALTER ROAD	
Post town	SWANSEA	
County/Region		<del>.    </del>
Postcode	SA1 4 PT	
Country	UK	
4	Liquidator's email address or telephone number <sup>9</sup>	• You must give an email address
Email address	info@stonesandco.co.uk	telephone number. All information this form will appear on the
Telephone number	01792 654607	public record.
5	Insolvency practitioner number	
Number	1 9 1 9 0	
	-	
	•	

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

6	Liquidator's name <sup>0</sup>	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address ❷	
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   Output  Description:	
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	$\begin{bmatrix} ^{d}0 & \begin{bmatrix} ^{d}4 & & \end{bmatrix} \begin{bmatrix} ^{m}0 & \begin{bmatrix} ^{m}7 & & \end{bmatrix} \begin{bmatrix} ^{y}2 & \begin{bmatrix} ^{y}0 & \end{bmatrix} \begin{bmatrix} ^{y}2 & \end{bmatrix} \begin{bmatrix} ^{y}2 & \end{bmatrix} \end{bmatrix}$	
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	
Signature date	d 0 d 8 d 7 d 7 d 7 d 7 d 7 d 7 d 7 d 7 d 7	

600

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

# 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	LESLEY MCLEOD	
Company name	STONES & CO INSOLVENCY	
	PRACTITIONERS LIMITED	
Address	63 WALTER ROAD	
Post town	SWANSEA	
County/Region		
Postcode	S A 1 4 P T	
Country	UK	
DX	•	
Telephone	01792 654607	

# ✓ 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