

# 600

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



Companies House

WEDNESDAY



\*A841G4BU\*

A22

24/04/2019

#190

COMPANIES HOUSE

### 1 Company details

Company number 0 6 5 1 7 2 6 4

Company name in full ILOVEGORGEOUS Limited

→ Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) James William

Surname Stares

### 3 Liquidator's address

Building name/number St Ann's Manor

Street 6-8 St Ann Street

Post town Salisbury

County/Region Wiltshire

Postcode S P 1 2 D N

Country

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 01722 333599

<sup>①</sup> You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 1 1 4 9 0

600

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

## 6 Liquidator's name <sup>①</sup>

Full forename(s)

Surname

**① Other Liquidator's details**  
Use this section to tell us about another liquidator.

## 7 Liquidator's address <sup>②</sup>

Building name/number

Street

Post town

County/Region

Postcode

Country

**② Other Liquidator's details**  
Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.

## 8 Liquidator's email address or telephone number <sup>③</sup>

Email address

Telephone number

**③ You must give an email address or telephone number. All information on this form will appear on the public record.**

## 9 Insolvency practitioner number

Number

## 10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d	1	d	8	m	0	m	4	y	2	y	0	y	1	y	9
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

## 11 Appointment details

The appointment was made by  
(Tick one)

☐ Company☒ Creditors

## 12 Type of liquidation

Tick to confirm the liquidation type

☐ Members☒ Creditors

PURSUANT TO PARAGRAPH 83 OF  
SCHEDULE B<sub>1</sub> TO THE INSOLVENTY ACT 1986

## 13 Sign and date

Liquidator's signature

Signature

X 

X

Signature date

d	2	d	3	m	0	m	4	y	2	y	0	y	1	y	9
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

# 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

Terena Ellis

Company name

JWS Business Recovery Limited

Address

St Ann's Manor

6-8 St Ann Street

Post town

Salisbury

County/Region

Wiltshire

Postcode

S P 1 2 D N

Country

DX

Telephone

01722 333599



## 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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)