

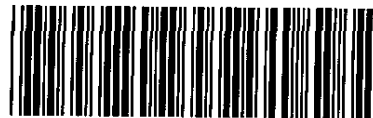
600

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



Companies House

WEDNESDAY



\*A75MAOWZ\*

A16

09/05/2018

#277

COMPANIES HOUSE

**1** Company details

Company number 0 6 8 7 1 3 8 9

Company name in full OPIES..THESTOVE SHOP LIMITED

→ Filling in this form  
Please complete in typescript or in  
bold black capitals.

**2** Liquidator's name

Full forename(s) KIERAN

Surname BOURNE

**3** Liquidator's address

Building name/number 5 MERCIA BUSINESS VILLAGE

Street TORWOOD CLOSE

Post town COVENTRY

County/Region WEST MIDLANDS

Postcode C V 4 8 H X

Country UK

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

Email address info@cromwellinsolvency.co.uk

Telephone number 0800 061 4002

① 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 9 0 1 2

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

d

3

m

m

5

y

y

2

y

y

0

y

y

1

y

y

8

## 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

Signature date

d

d

4

m

m

5

y

y

2

y

y

0

y

y

1

y

y

8

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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	KIERAN BOURNE									
Company name	CROMWELL INSOLVENCY LIMITED									
Address	5 MERCIA BUSINESS VILLAGE									
	TORWOOD CLOSE									
Post town	COVENTRY									
County/Region	WEST MIDLANDS									
Postcode		C	V	4			8	H	X	
Country	UK									
DX										
Telephone	0800 061 4002									



### 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)