In accordance with section 109 of the Insolvency Act 1986

## 600



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

FRIDAY



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15/11/2019 COMPANIES HOUSE

#56

1	Company details	
Company number	0 7 0 4 3 7 5 9	→ Filling in this form Please complete in typescript or in
Company name in full	Doyne Consulting Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Andrew	
Surname	Fender	
3	Liquidator's address	
Building name/number	Sanderling House, Springbrook Lane	
Street	Earlswood	]
		1
Post town	Solihull	1
County/Region		1
Postcode	B 9 4 5 S G	
Country		]
4	Liquidator's email address or telephone number •	● You must give an email address or
Email address	info@sanderlings.co.uk	telephone number. All information on this form will appear on the public record.
Telephone number	01564 700 052	
5	Insolvency practitioner number	
Number	6 8 9 8	

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

Full forename(s)  Surname  Liquidator's address  Building aname/number  Street  Discriming a point of the liquidator's details  Use this section to tell us about another liquidator's details  Use this section to tell us about another liquidator's details  Use this section to tell us about use the continuation page to tell us about more than two liquidators.  Post town  Country/Region  Postcode  Country  B  Liquidator's email address or telephone number  Email address  Orou must give an email address or telephone number appear on the public record.  Information on this form will appear on the public record.  I confirm the appointment  I confirm the appointment of the liquidator(s) on  Date  O  8  1  Appointment details  (Tick one)  C company C creditors The appointment was made by	6	Liqui	dato	or's n	ame	e	•										
Building name/number  Street  County/Region  Post town  Country/Region  Postcode  Country  B Liquidator's email address or telephone number  Email address  Telephone number  Insolvency practitioner number  Number  Insolvency practitioner number  I confirm the appointment of the liquidator(s) on  Date  Date  Date  Date  Tick one  Coreditors  Other Liquidator's details  Other Liquidator's details  Use this section to tell us about another liquidators. Use the continuation page to tell us about another liquidators.  I quidators  Town must give an email address or telephone number public record.  You must give an email address or telephone number. All information on this form will appear on the public record.	Full forename(s)																Use this section to tell us
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(Tick one)  ☐ Company ☐ Creditors	Date	0	8		1	1	•	2	0	1	9						
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12	Type of liquidation				
	Members				
	□ Creditors				
	Tick to confirm the liquidation type	,			
13	Sign and date				
Liquidator's signature	×	×			
Signature date	Signature 7				