In accordance with section 109 of the Insolvency Act 1986

## 600



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





19/10/2021

		COMPAINIES HOUSE							
1	Company details								
Company number	0 7 2 5 6 8 2 1	→ Filling in this form  Please complete in typescript or in							
Company name in full	Cannon Contracting Limited	bold black capitals.							
		_   .							
2	Liquidator's name								
Full forename(s)	Jeremy								
Surname	Bleazard								
3	Liquidator's address								
Building name/number	XL Business Solutions Limited								
Street	Premier House								
	Bradford Road								
Post town	Cleckheaton								
County/Region									
Postcode	B D 1 9 3 T T								
Country									
4	Liquidator's email address or telephone number •	• You must give an email address or							
Email address	jbleazard@xlbs.co.uk	telephone number. All information on this form will appear on the public record.							
Telephone number	01274 870101								
5	Insolvency practitioner number								
Number	0 9 3 5 4								

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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 @							
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 <sup>©</sup>	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	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							
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 1 d 5 h 0 y 2 y 0 y 2 y 1							
		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					
Company name					
Address		•			
Post town					
County/Region					
Postcode					
Country	 	 		 	
DX .	 	 	-		
Telephone	 	 			

## ✓ 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.

#### 7 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