In accordance with section 109 of the Insolvency Act 1986

600



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



·		COMPANIES HOUSE
1	Company details	
Company number	0 7 4.4 4 7 3 7	Filling in this form Please complete in typescript or in
Company name in full	Aurora Living Ltd	bold black capitals.
•	•	
2	Liquidator's name	
Full forename(s)	Stephen Roland	
Surname	Browne	 منابع
3	Liquidator's address	
Building name/number	1 New Street Square	
Street	London	_
		,
Post town	EC4A 3HQ	
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	+44 113 243 9021	public record.
5	Insolvency practitioner number	,
Number .	0 0 9 2 8 1	
•		

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Surname  7  Building name/number	Ian Colin Wormleighton Liquidator's address	Other Liquidator's details Use this section to tell us about another liquidator.
7 L Building name/number	Liquidator's address o	
Building name/number		
<del></del> -	4.11 01 10	
Street	1 New Street Square	Other Liquidator's details Use this section to tell us about another liquidator. Use the
· · · · [	London	
	· · · · · · · · · · · · · · · · · · ·	continuation page to tell us about more than two liquidators.
Post town	EC4A 3HQ	•
County/Region		
Postcode		
Country		
8 L	iquidator's email address or telephone number ©	9 You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	+44 113 243 9021	public record.
	Insolvency practitioner number	
<del></del>	0 1 4 2 3 0	•
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	0 9 0 2 7 1	
11 A	Appointment details	
	The appointment was made by	
	(Tick one)  ☐ Company	•
	☑ Creditors	·
12 T	Type of liquidation	
	Tick to confirm the liquidation type	
	□ Members	
	☑ Creditors	
13 S	Sign and date	
Liquidator's signature	Signature	·
	× MBX	
Signature date	$\begin{bmatrix} 1 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 &$	

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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	Maysoon Mehdi
Company name	Deloitte LLP
	· ·
Address	1 City Square
	Leeds
Post town	West Yorkshire
County/Region	
Postcode	LS12AL
Country .	
DX	
Telephone	+44 113 243 9021

## ✓ 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 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