In accordance with section 109 of the Insolvency Act 1986 600

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



For further information, please refer to our guidance at www.gov.uk/companieshouse

on this form will appear on the public record. Insolvency practitioner number	1	Company details	
Company name in full CANNON CLEANING LIMITED bold black capitals. 2	Company number	0 7 9 6 1 1 4 0	
Full forename(s) JONATHAN Surname SINCLAIR 3 Liquidator's address Building name/number 46 Street VIVIAN AVENUE HENDON CENTRAL Post town LONDON County/Region Postcode N W 4 3 X P Country UK 4 Liquidator's email address or telephone number • Imail address elephone number 020 8203 3344 Insolvency practitioner number	Company name in full	CANNON CLEANING LIMITED	
Full forename(s) JONATHAN Surname SINCLAIR 3 Liquidator's address Building name/number 46 Street VIVIAN AVENUE HENDON CENTRAL Post town LONDON County/Region Postcode N W 4 3 X P Country UK 4 Liquidator's email address or telephone number • Imail address elephone number 020 8203 3344 Insolvency practitioner number			
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Liquidator's address Building name/number 46 Street	Full forename(s)	JONATHAN	
Building name/number Street VIVIAN AVENUE HENDON CENTRAL Post town County/Region Postcode N W 4 3 X P Country UK Liquidator's email address or telephone number Fielephone number O20 8203 3344 Insolvency practitioner number	Surname	SINCLAIR	
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telephone number 020 8203 3344 Insolvency practitioner number telephone number 020 8203 3344 telephone number on this form will appear on the public record.	4	Liquidator's email address or telephone number •	• You must give an email address or
public record. Insolvency practitioner number	Email address		telephone number. All information
	elephone number	020 8203 3344	
	5	Insolvency practitioner number	
lumber 9 0 6 7	lumber	9 0 6 7	

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6	Liquidator's name ¹⁰	
Full forename(s)	N/A	Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address ®	
Building name/numbe	er N/A	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 ©	You must give an email address or
Email address	N/A	telephone number. All information
Telephone number		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	$\begin{bmatrix} a \\ 1 \end{bmatrix} \begin{bmatrix} a \\ 8 \end{bmatrix} \begin{bmatrix} m_0 \end{bmatrix} \begin{bmatrix} m_4 \\ 4 \end{bmatrix} \begin{bmatrix} y_2 \end{bmatrix} \begin{bmatrix} y_0 \end{bmatrix} \begin{bmatrix} y_2 \\ 4 \end{bmatrix} \begin{bmatrix} y_4 \\ 4 \end{bmatrix}$	
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	
iquidator's signature	Signature X	×
	$\begin{bmatrix} 1 & 1 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix}$	

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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	JONATHAN SINCLAIR
Company nam	SINCLAIR HARRIS
Address	46 VIVIAN AVENUE
HEND	ON CENTRAL
Post town	LONDON
County/Region	
Postcode	N W 4 3 X P
Country	UK
DX	
Telephone	020 8203 3344

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