In accordance with section 109 of the Insolvency Act 1986

# 600



## Companies House

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

WEDNESDAY



A12 2

21/06/2023 #53 COMPANIES HOUSE

| 1                    | Company details  |  |
|----------------------|--|--|
| Company number       | 0 8 0 1 9 2 3 8  | → Filling in this form Please complete in typescript or in   |
| Company name in full | Blackbird Investments Two Limited  | bold black capitals.   |
|                      |  |  |
| 2                    | Liquidator's name  |  |
| Full forename(s)     | Henry Anthony  |  |
| Surname              | Shinners   |  |
| 3                    | Liquidator's address   |  |
| Building name/number | 45 Gresham Street  |  |
| Street               |  |  |
|                      |  |  |
| Post town            | London   |  |
| County/Region        |  |  |
| Postcode             | E   C   2   V  |  |
| 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     | 020 7131 4000  | public record.   |
| 5                    | Insolvency practitioner number   | •  |
| Number               | 9 2 8 0  |  |
| <del>-</del>         |  | <b>.</b>   |
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|                      | A  | ر م <del>واد مورد و از المراجع ا</del> |
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| Tull forename(s)  Clare  Lloyd  Liquidator's address   Building name/number  45 Gresham Street  Building name/number  A5 Gresham Street  Country  Fost town  London  County/Region  Fostcode  E C 2 V 7 B G  Country  Buildidess or telephone number  Email address  Femail address  Femail address  Telephone number  2 5 9 3 2   Insolvency practitioner number  I confirm the appointment of the liquidator(s) on  Date  5 9 6 6 2 5 2 2 3  Appointment details  The appointment was made by ((ick one)  Company  Creditors  Type of liquidation  Tick to confirm the liquidation type  Members  Creditors  Creditors  Sign and date  Street  Other Liquidator's details  Use this section to left us about another liquidator details  Other Liquidator's details  Use this section to left us about another liquidator. Subtraction another liquidator. Subtraction and shout another liquidator.  Other Liquidator's details  Use this section to left us about another liquidator. Subtraction another liquidator. Subtraction another liquidator.  Other Liquidator's details  Use this section to left us about another liquidator. Subtraction another liquidator. Subtraction another liquidator. Subtraction another liquidator.  Other Liquidator's details  Use this section to left us about another liquidator. Subtraction another liquidator. Subtraction another liquidator.  Other Liquidator's details  Use this section to left us about another liquidator. Subtraction another liquidator. Subtraction another liquidator.  Other Liquidator's details  Use this section subtraction another liquidator. Subtraction another liquidator.  Other Liquidator's details  Use this section.  Other Liquidator.  Other Liquidator. | 6-               | Liquidator's name •                              |  |  |
|--|------------------|--|--|--|
| Liquidator's address   |                  |  | <ul> <li>Use this section to tell us about</li> </ul>  |  |
| Tiquidator's address of Building name/number 45 Gresham Street    Southing name/number   45 Gresham Street   |                  | Lloyd  |  |  |
| ## Other Liquidator's details ## Street    Other Liquidator's details   Street   | 7                |  |  |  |
| Appointment details  The appointment was made by (Tick one)  Company Company Creditors  Type of liquidation  Tick to confirm the liquidation  Tick to signature  Appointment  Signand date  Liquidator's signature  Signature date  Type of liquidation  Tick to confirm the liquidation type  Insultation  Signature date  Signand date  Liquidator's signature  Signature date  Type of liquidation  Signature date  S |                  |  | Use this section to tell us about another liquidator. Use the continuation page to tell us about |  |
| Postcode   | Street           |  |  |  |
| Country   Salar      | Post town        | London   | -  |  |
| Liquidator's email address or telephone number or telephone number. All information on this form will appear on the public record.    10   |                  |  | -  |  |
| Liquidator's email address or telephone number or telephone number or telephone number. All information on this form will appear on the public record.   | ostcode          | EC2V7BG  |  |  |
| Table 1  | <br>Country      |  | -  |  |
| Email address  Telephone number  1   | 8                | Liquidator's email address or telephone number © | You must give an email address or  |  |
| Insolvency practitioner number   Statement of appointment   I confirm the appointment of the liquidator(s) on  | Email address    |  | telephone number. All information  |  |
| Insolvency practitioner number   Number   2   5   9   3   2  | Telephone number | 020 7131 4000                                    |  |  |
| Number 2 5 9 3 2   | 9                |  | •  |  |
| Statement of appointment    confirm the appointment of the liquidator(s) on  | Number           | · · · · · · · · · · · · · · · · · · ·            |  |  |
| I confirm the appointment of the liquidator(s) on  Date    d   | 10               |  |  |  |
| Appointment details  The appointment was made by (Tick one)  Company  Creditors  Type of liquidation  Tick to confirm the liquidation type  Members  Creditors  Sign and date  Liquidator's signature  Signature  X  Signature  A  |                  |  |  |  |
| Appointment details  The appointment was made by (Tick one)  Company  Creditors  Type of liquidation  Tick to confirm the liquidation type  Members  Creditors  Sign and date  Liquidator's signature  Signature  X  Signature  A  | Date             | 0 9 0 6 2 0 2 3                                  |  |  |
| (Tick one)  ☐ Company ☐ Creditors  12 Type of liquidation  Tick to confirm the liquidation type ☐ Members ☐ Creditors  ☐ Creditors  13 Sign and date ☐ iquidator's signature  X  Signature date ☐ d d d d d d d d d d d d d d d d d d d  | 11               |  |  |  |
| Tick to confirm the liquidation type  Members  Creditors  Sign and date  Liquidator's signature  X  Signature  M  M  M  M  M  M  M  M  M  M  M  M  M   |                  | (Tick one) ☑ Company                             |  |  |
| Members ☐ Creditors  Sign and date  Liquidator's signature X  Signature date   | 12               | Type of liquidation                              |  |  |
| Signature date date for a signature for a sign |                  | ☑ Members  |  |  |
| Signature date   | 13               | Sign and date                                    |  |  |
|  |                  | X  |  |  |
|  |                  |  |  |  |
|  |                  |  |  |  |

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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  | Katya Daniels       |
|---------------|---------------------|
| Company name  | Evelyn Partners LLP |
|               |                     |
| Address       | 45 Gresham Street   |
|               |                     |
|               |                     |
| Post town     | London              |
| County/Region |                     |
| Postcode      | EC2V7BG             |
| Country       |                     |
| DX            |                     |
| Telephone     | 020 7131 4000       |

#### ✓ 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.

### **Turther 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