In accordance with section 109 of the Insolvency Act 1986

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

FRIDAY



A87389AQ A18 07/06/2019 COMPANIES HOUSE

#219

1	Company details							
Company number	0 8 6 0 1 4 9 6	→ Filling in this form Please complete in typescript or in						
Company name in full	DJMODELS LIMITED	bold black capitals.						
2	Liquidator's name							
Full forename(s)	Jonathan E							
Surname	Avery-Gee							
3	Liquidator's address							
Building name/number	CG & CO, Greg's Building							
Street	1 Booth Street							
Post town	Manchester							
County/Region								
Postcode	M 2 4 D U							
Country	United Kingdom							
4	Liquidator's email address or telephone number •	You must give an email address or telephone number. All information on this form will appear on the						
Email address	jag@cg-recovery.com							
Telephone number	0161 358 0210	public record.						
5	Insolvency practitioner number							
Number	1 5 4 9							

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6	Liquidator's name ●							
Full forename(s)	Edward M	Other Liquidator's details						
Surname	Avery-Gee	Use this section to tell us about another liquidator.						
7	Liquidator's address ²							
Building name/number	CG&CO, Greg's Building	Other Liquidator's details						
Street	1 Booth Street	Use this section to tell us about another liquidator. Use the						
		continuation page to tell us about more than two liquidators.						
Post town	Manchester							
County/Region								
Postcode	M 2 4 D U							
Country	United Kingdom							
8	Liquidator's email address or telephone number [©]	• You must give an email address or						
Email address	edward.gee@cg-recovery.com	telephone number. All information on this form will appear on the						
Telephone number	0161 358 0210	public record.						
9	Insolvency practitioner number	-						
Number	1 2 4 1 0							
10	Statement of appointment							
	I confirm the appointment of the liquidator(s) on							
Date	^d 0							
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 0 ^d 5 ^m 0 (^m 6) ^y 2 ^y 0 ^y 1 ^y 9							
		10 to 1 THE CO. II.						

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Presenter information You do not have to give any contact information, but if									
you do it wilf 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									
√ Chec	klist								
We may re with infor					ed in	corre	ectly	or	

Please make sure you have remembered the

The company name and number match the information held on the public Register.You have signed and dated the form.

following:

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