In accordance with section 109 of the Insolvency Act 1986

600



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

SATURDAY



Δ20

27/02/2021 COMPANIES HOUSE

#130

	6 1 4.9.									
1	Company details									
Company number	0 8 8 2 8 3 4 3	→ Filling in this form Please complete in typescript or in bold black capitals.								
Company name in full	CS Hotel Solutions Limited									
	·									
2	Liquidator's name									
Full forename(s)	Andrew James									
Surname	Hawksworth									
3	Liquidator's address									
Building name/number	The Clocktower									
Street	Clocktower Square									
·•	St George's Street									
Post town	Canterbury									
County/Region	Kent									
Postcode	CT12LE									
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 public record.								
Email address	creditors@augustakent.co.uk									
Telephone number	01227 649000									
5	Insolvency practitioner number									
Number	9 5 8 2									

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6	Liquidator's name •						
Full forename(s)		Other Liquidator's details Use this section to tell us about					
Surname		another liquidator.					
7	Liquidator's address ®						
Building name/numbe		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 o					
Email address		telephone number. All informatio					
Telephone number		public record.					
9	Insolvency practitioner number						
Number							
10	Statement of appointment						
	I confirm the appointment of the liquidator(s) on						
Date	$\begin{bmatrix} d_2 & d_4 & & \begin{bmatrix} m_0 & m_2 & & \end{bmatrix} \end{bmatrix} \begin{bmatrix} y_2 & y_0 & y_2 & \end{bmatrix} \begin{bmatrix} y_1 & & & & & & & & & & & & & & & & & & &$						
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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	×					
Signature date	25 02 1210						

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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	Andrew Hawksworth									
Company name Augusta Kent Limited										
Address										
				,						
		·			•			<u>`</u>		
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.

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