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



	<u> </u>	COMPANIESTIOUSE
1	Company details	
Company number	0 9 1 9 1 1 1 9	→ Filling in this form  Please complete in typescript or in bold black capitals.
Company name in full	Optimum Data Centres Limited	
2	Liquidator's name	
Full forename(s)	Simon	
Surname	Lowes	
3	Liquidator's address	
Building name/number	5 Prospect House, Meridians Cross	
Street	Ocean Way	
Post town	Southampton	
County/Region		
Postcode	S O 1 4 3 T J	
Country		<u> </u>
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	Simon.Lowes@btguk.com	telephone number. All information on this form will appear on the public record.
Telephone number	023 8021 9820	
5	Insolvency practitioner number	
Number	9 1 9 4	

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C	Linuidataria nama 0	<del></del>	
6	Liquidator's name •		
Full forename(s)	Stephen	Other Liquidator's details Use this section to tell us about	
Surname	Powell	another liquidator.	
7	Liquidator's address @		
Building name/number	5 Prospect House, Meridians Cross	Other Liquidator's details	
Street	Ocean Way	Use this section to tell us about another liquidator. Use the	
		continuation page to tell us about more than two liquidators.	
Post town	Southampton	_	
County/Region			
Postcode	S O 1 4 3 T J	·	
Country		_	
8	Liquidator's email address or telephone number <sup>©</sup>	You must give an email address or	
Email address	Stephen.Powell@btguk.com	telephone number. All information on this form will appear on the	
Telephone number	023 8021 9820	public record.	
9	Insolvency practitioner number	· · · · · · · · · · · · · · · · · · ·	
Number	0 0 9 5 6 1		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	2 5 7 7 2 6 2 7		
11	Appointment details	···· <u>·</u>	
	The appointment was made by		
	(Tick one)		
	☐ Company ☐ Creditors		
12	· · · · · · · · · · · · · · · · · · ·		
12	Type of liquidation		
	Tick to confirm the liquidation type  ☐ Members		
	☑ Creditors		
13	Sign and date		
Liquidator's signature	Signature		
	x S'Lawes	X	
	O min		
Signature date	2 6 1 1 7 7 7 7 1 1 1 1 2 1 1 1 1 1 1 1 1 1		
	-   -   -   -   -   -   -   -   -   -	<u> </u>	

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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	Tammara Morgan	
Company name	Begbies Traynor (Central) LLP	
5 Prospect House, Meridia		
	Ocean Way	
Post town	Southampton	
County/Region		
Postcode	S O 1 4 3 T J	
Country		
DX		
Telephone	023 8021 9820	

#### 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:

Toshe 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