

600

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



Companies House

THURSDAY



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26/09/2019

#407

COMPANIES HOUSE

**1** Company details

Company number 0 9 3 3 2 1 8 1

Company name in full LGPL CORNWALL LIMITED

→ Filling in this form  
Please complete in typescript or in  
bold black capitals.

**2** Liquidator's name

Full forename(s) SEAN KENNETH

Surname CROSTON

**3** Liquidator's address

Building name/number 30

Street FINSBURY SQUARE

Post town LONDON

County/Region

Postcode E C 2 A 1 A G

Country ENGLAND

**4** Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 020 7865 2760


① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

**5** Insolvency practitioner number

Number 8 9 3 0

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<b>6</b>	<b>Liquidator's name <sup>1</sup></b>		
Full forename(s)			<b>1 Other Liquidator's details</b> Use this section to tell us about another liquidator.
Surname			
<b>7</b>	<b>Liquidator's address <sup>2</sup></b>		
Building name/number			<b>2 Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Street			
Post town			
County/Region			
Postcode			
Country			
<b>8</b>	<b>Liquidator's email address or telephone number <sup>3</sup></b>		
Email address			<b>3 You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Telephone number			
<b>9</b>	<b>Insolvency practitioner number</b>		
Number			
<b>10</b>	<b>Statement of appointment</b>		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 8	m 0 9	y 2 0 1 9
<b>11</b>	<b>Appointment details</b>		
	The appointment was made by (Tick one)		
	<input checked="" type="checkbox"/> Company		
	<input type="checkbox"/> Creditors		
<b>12</b>	<b>Type of liquidation</b>		
	Tick to confirm the liquidation type		
	<input checked="" type="checkbox"/> Members		
	<input type="checkbox"/> Creditors		
<b>13</b>	<b>Sign and date</b>		
Liquidator's signature	Signature 		
Signature date	d 1 9	m 0 9	y 2 0 1 9

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

## **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 **Colin Morris**

Company name **Grant Thornton UK LLP**

Address **30 Finsbury Square**

Post town **London**

County/Region

Postcode **E C 2 A 1 A G**

Country **England**

DX

Telephone **020 7865 2760**

## **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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)**

## 600 - continuation page

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voluntary winding up

<b>1</b>	<b>Company details</b>	
Company number	<input type="text"/>	
Company name in full	<input type="text"/>	
	<input type="text"/>	
<b>2</b>	<b>Liquidator's name</b>	
Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
<b>3</b>	<b>Liquidator's address</b>	
Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	
<b>4</b>	<b>Liquidator's email address or telephone number <sup>①</sup></b>	
Email address	<input type="text"/>	<b>①</b> You must give an email address or telephone number. All information on this form will appear on the public record
Telephone number	<input type="text"/>	
<b>5</b>	<b>Insolvency practitioner number</b>	
Insolvency practitioner number	<input type="text"/>	