

600

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



Companies House

SATURDAY



A9K86WM0

A22

19/12/2020

#76

COMPANIES HOUSE

1 Company details

Company number 0 9 4 4 1 5 1 2

Company name in full AAA UK HOLDING CO. LIMITED

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

2 Liquidator's name

Full forename(s) STEVEN

Surname SHERRY

3 Liquidator's address

Building name/number 7

Street MORE LONDON RIVERSIDE

Post town LONDON

County/Region

Postcode S E 1 7 R T

Country UNITED KINGDOM

4 Liquidator's email address or telephone number ^①

Email address steven.a.sherry@pwc.com

Telephone number 07725 707350

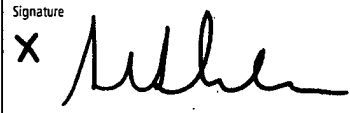
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 1 9 7 5 2

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| | | |
|---|--|--|
| 6 Liquidator's name^① | | ① Other Liquidator's details Use this section to tell us about another liquidator. |
| Full forename(s) | LAURA | |
| Surname | WATERS | |
| 7 Liquidator's address^② | | ② Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Building name/number | 7 | |
| Street | MORE LONDON RIVERSIDE | |
| Post town | LONDON | |
| County/Region | | |
| Postcode | S E 1 7 R T | |
| Country | UNITED KINGDOM | |
| 8 Liquidator's email address or telephone number^③ | | ③ You must give an email address or telephone number. All information on this form will appear on the public record. |
| Email address | laura.m.waters@pwc.com | |
| Telephone number | 07808141207 | |
| 9 Insolvency practitioner number | | |
| Number | 9 4 7 7 | |
| 10 Statement of appointment | | |
| I confirm the appointment of the liquidator(s) on | | |
| Date | d 1 d 5 m 1 m 2 y 2 y 0 y 2 y 0 | |
| 11 Appointment details | | |
| The appointment was made by (Tick one) | | |
| <input checked="" type="checkbox"/> Company | | |
| <input type="checkbox"/> Creditors | | |
| 12 Type of liquidation | | |
| Tick to confirm the liquidation type | | |
| <input checked="" type="checkbox"/> Members | | |
| <input type="checkbox"/> Creditors | | |
| 13 Sign and date | | |
| Liquidator's signature | Signature X  X | |
| Signature date | d 1 d 6 m 1 m 2 y 2 y 0 y 2 y 0 | |

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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 LIZZIE FLOWERS

Company name PWC

Address 1 CHAMBERLAIN SQUARE

Post town BIRMINGHAM

County/Region WEST MIDLANDS

Postcode B 3 3 A X

Country UNITED KINGDOM

DX

Telephone 07483 416811

**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

600 - continuation page

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| | |
|--|----------------------|
| 1 Company details | |
| Company number | <input type="text"/> |
| Company name in full | <input type="text"/> |
| 2 Liquidator's name | |
| Full forename(s) | <input type="text"/> |
| Surname | <input type="text"/> |
| 3 Liquidator's address | |
| Building name/number | <input type="text"/> |
| Street | <input type="text"/> |
| Post town | <input type="text"/> |
| County/Region | <input type="text"/> |
| Postcode | <input type="text"/> |
| Country | <input type="text"/> |
| 4 Liquidator's email address or telephone number ^① | |
| Email address | <input type="text"/> |
| Telephone number | <input type="text"/> |
| 5 Insolvency practitioner number | |
| Insolvency practitioner number | <input type="text"/> |

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