

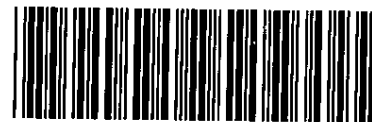
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Notice of appointment of liquidator in a members' or creditors' voluntary winding up



Companies House

THURSDAY



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A15

15/02/2018

#120

COMPANIES HOUSE

1 Company details

Company number 0 9 4 9 7 4 4 0

Company name in full The Food Gallery Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Rob

Surname Keyes

3 Liquidator's address

Building name/number 1st Floor

Street Hedrich House

Post town 14-16 Cross Street

County/Region Reading

Postcode R G 1 1 S N

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 01189 479090


^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 0 0 8 8 4 1

600

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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)	Gareth	
Surname	Roberts	
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	1st Floor	
Street	Hedrich House	
Post town	14-16 Cross Street	
County/Region	Reading	
Postcode	R G 1 1 S N	
Country		
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		
Telephone number	01189 479090	
9 Insolvency practitioner number		
Number	0 0 8 8 2 6	
10 Statement of appointment		
I confirm the appointment of the liquidator(s) on		
Date	d 1 9 m 0 1 y 2 0 y 1 8	
11 Appointment details		
The appointment was made by (Tick one)		
<input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors		
12 Type of liquidation		
Tick to confirm the liquidation type		
<input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors		
13 Sign and date		
Liquidator's signature	Signature 	
Signature date	d 1 9 m 0 1 y 2 0 y 1 8	

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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 **Vikki Claridge**

Company name **KRE Corporate Recovery LLP**

Address **1st Floor**

Hedrich House

Post town **14-16 Cross Street**

County/Region **Reading**

Postcode **R G 1 1 S N**

Country

DX

Telephone **01189 479090**



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