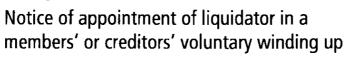
In accordance with section 109 of the Insolvency Act 1986

600





THURSDAY



COMPANIES HOUSE

A87IIQRD 21 13/06/2019

#72

| 1 | Company details | |
|----------------------|--|---|
| Company number | 0 9 8 5 8 9 3 6 | Filling in this form |
| Company name in full | MDL Holdings Limited | Please complete in typescript or in bold black capitals. |
| | | |
| 2 | Liquidator's name | |
| Full forename(s) | Simon David | |
| Surname | Chandler | |
| 3 | Liquidator's address | |
| Building name/number | c/o Mazars LLP | |
| Street | | |
| | | |
| Post town | 45 Church Street | |
| County/Region | Birmingham | |
| Postcode | B 3 2 R T | |
| Country | | |
| 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 | | |
| Telephone number | 0121 232 9500 | |
| 5 | Insolvency practitioner number | |
| Number | 0 0 8 8 2 2 | |

600

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

| Full forename(s) Surfame Bevan Liquidator's address Building name/number C/O Mazars LLP Other Liquidator's details Use this section to tell us about another figuidator to details Use this section to tell us about another figuidator. Surfament in the process of the continuation page to tell us about another figuidator. Surfament in the process of the continuation page to tell us about another figuidator. Surfament in the process of the continuation page to tell us about another figuidator. Surfament in the process of the continuation page to tell us about another figuidator. Surfament in the process of the continuation page to tell us about another figuidator. Surfament in the process of the pr | 6 | Liquidator's name [©] | | |
|--|------------------------|---|--|--|
| Surrame Bevan Liquidator's address | | | Other Liquidator's details | |
| Building name/number | Surname | | | |
| Street Street | 7 | Liquidator's address @ | | |
| Street Post town | Building name/number | c/o Mazars LLP | Other Liquidator's details | |
| Post town 45 Church Street County/Region Birmingham Postcode B 3 2 R T Country 8 Liquidator's email address or telephone number telephone number O121 232 9500 Pour must give an email address or telephone number on this form will appear on the public record. Pour must give an email address or telephone number of telephone number on this form will appear on the public record. Pour must give an email address or telephone number of telephone number of telephone number on this form will appear on the public record. Pour must give an email address or telephone number of telephone number of telephone number of telephone number of the public record. Pour must give an email address or telephone number of telephone nu | Street | | another liquidator. Use the continuation page to tell us about | |
| Postcode B 3 2 R T Country B Liquidator's email address or telephone number telephone number of telephone number of telephone number (121 232 9500) Insolvency practitioner number Number 0 0 9 6 1 4 1 Statement of appointment I confirm the appointment of the liquidator(s) on Date 0 6 6 0 6 2 0 7 1 9 Appointment details The appointment was made by (Tick one) Creditors Type of liquidation Tick to confirm the liquidation type Members Creditors Sign and date Liquidator's signature X X X | Post town | 45 Church Street | | |
| Postcode B 3 2 R T Country 8 Liquidator's email address or telephone number 1 telephone number 2 telephone number 3 telephone number 4 telephone number 5 telephone number 6 telephone number 6 telephone number 7 telephone number 8 telephone number 8 telephone number 8 telephone number 9 telephone | County/Region | Birmingham | | |
| Email address Email address Telephone number 0121 232 9500 1 Insolvency practitioner number Number 0 0 9 6 1 4 10 Statement of appointment I confirm the appointment of the liquidator(s) on Date 0 0 6 0 6 2 7 7 79 Appointment details The appointment was made by (Tick one) Company Creditors 12 Type of liquidation Tick to confirm the liquidation type Members Creditors Sign and date Liquidator's signature Sign and date Liquidator's signature Signature Signature Signature Telephone number 1 telephone number 1 telephone number of telephone number of telephone number. All information on this form will appear on the public record. 12 Type of 1 4 Sign and date Liquidator's signature Signature X X | Postcode | · | | |
| Email address Telephone number O121 232 9500 Insolvency practitioner number Number O O 9 6 1 4 Statement of appointment I confirm the appointment of the liquidator(s) on Date O O O O O O O O O O O O O O O O O O O | Country | | · | |
| Email address Telephone number O121 232 9500 Insolvency practitioner number Number O O 9 6 1 4 Statement of appointment I confirm the appointment of the liquidator(s) on Date O O O O O O O O O O O O O O O O O O O | 8 | Liquidator's email address or telephone number 9 | You must give an email address or | |
| Telephone number 0121 232 9500 public record. 9 Insolvency practitioner number Number 0 9 6 1 4 10 Statement of appointment Confirm the appointment of the liquidator(s) on Date 0 6 7 6 7 6 2 7 7 7 9 11 Appointment details The appointment was made by (Tick one) | Email address | | telephone number. All information | |
| Number O | Telephone number | 0121 232 9500 | | |
| Number O | 9 | Insolvency practitioner number | - | |
| Statement of appointment I confirm the appointment of the liquidator(s) on | Number | | | |
| Date Jo G Fo Fo Yo Yo Yo Yo Yo Yo | 10 | | | |
| Appointment details The appointment was made by (Tick one) Company Creditors Type of liquidation Tick to confirm the liquidation type Members Creditors Sign and date Liquidator's signature X X | | I confirm the appointment of the liquidator(s) on | | |
| The appointment was made by (Tick one) Company Creditors Type of liquidation Tick to confirm the liquidation type Members Creditors Sign and date Liquidator's signature Signature X X | Date | 0 6 0 6 2 0 1 9 | | |
| (Tick one) ☐ Company ☐ Creditors 12 | 11 | Appointment details | | |
| Tick to confirm the liquidation type ✓ Members | | (Tick one) ☑ Company | | |
| Members Creditors Sign and date Liquidator's signature X Liquidator's signature | 12 | Type of liquidation | | |
| Liquidator's signature X | | ✓ Members | | |
| × XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 13 | Sign and date | | |
| Signature date d 1 d 1 d 6 d 72 d 1 d 9 | Liquidator's signature | | × | |
| | Signature date | 1 1 0 6 72 0 71 9 | | |

600

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 Company name Mazars LLP Address 45 Church Street Birmingham Post town Post town Postcode Country DX Telephone 0121 232 9500

✓ 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