

600

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



Companies House

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1 Company details

Company number 0 9 8 5 9 3 0 4

Company name in full LODDON EQUESTRIAN LIMITED

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) MARK

Surname UPTON

3 Liquidator's address

Building name/number VICTORY HOUSE

Street VISION PARK

CHIVERS WAY, HISTON

Post town CAMBRIDGE

County/Region CAMBRIDGESHIRE

Postcode C B 2 4 9 Z R

Country ENGLAND

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 01223 420721

^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 9 5 9 4

600

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6 Liquidator's name^①

Full forename(s)	DAVID
Surname	SCRIVENER

① Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address^②

Building name/number	CONNEXIONS
Street	159 PRINCES STREET
Post town	IPSWICH
County/Region	SUFFOLK
Postcode	I P 1 1 Q J
Country	ENGLAND

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.

8 Liquidator's email address or telephone number^③

Email address	
Telephone number	01223 420721

③ You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number	1 5 6 9 0
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on	
Date	^d 0 ^d 6 ^m 0 ^m 4 ^y 2 ^y 0 ^y 2 ^y 2


11 Appointment details

<p>The appointment was made by (Tick one)</p> <p><input checked="" type="checkbox"/> Company</p> <p><input type="checkbox"/> Creditors</p>	
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12 Type of liquidation

<p>Tick to confirm the liquidation type</p> <p><input type="checkbox"/> Members</p> <p><input checked="" type="checkbox"/> Creditors</p>	
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13 Sign and date

Liquidator's signature	<p>Signature</p> <p>X </p>	X
Signature date	^d 1 ^d 1 ^m 0 ^m 4 ^y 2 ^y 0 ^y 2 ^y 2	

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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 JILL ROSE

Company name ENSORS ACCOUNTANTS LLP

Address VICTORY HOUSE

VISION PARK

CHIVERS WAY, HISTON

Post town CAMBRIDGE

County/Region CAMBRIDGESHIRE

Postcode

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Country ENGLAND

DX

Telephone 01223 420721

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