In accordance with section 109 of the Insolvency Act 1986

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

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COMPANIES HOUSE

Company details → Filling in this form 9 8 7 Company number 3 Please complete in typescript or in Ryalto Limited bold black capitals. Company name in full Liquidator's name Full forename(s) Nick Surname **Edwards** 3 Liquidator's address Building name/number | The Pinnacle Street 170 Midsummer Boulevard Post town Milton Keynes County/Region Buckinghamshire Postcode Κ В Country United Kingdom Liquidator's email address or telephone number • • You must give an email address or telephone number. All information Email address restructuring.miltonkeynes@rsmuk.com on this form will appear on the public record. Telephone number 01908 687800 Insolvency practitioner number Number

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6	Liquidator's name ¹⁰							
Full forename(s)	Graham	Other Liquidator's details Use this section to tell us about						
Surname	Bushby	another liquidator.						
7	Liquidator's address @							
Building name/number	25	Other Liquidator's details						
Street	Farringdon Street	Use this section to tell us about another liquidator. Use the						
		continuation page to tell us about more than two liquidators.						
Post town	London							
County/Region								
Postcode	E C 4 A 4 A B							
Country	United Kingdom							
8	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						
Email address	restructuring.miltonkeynes@rsmuk.com							
Telephone number	020 3201 8000	public record						
9	Insolvency practitioner number							
Number	8 7 3 6							
10	Statement of appointment							
	I confirm the appointment of the liquidator(s) on							
Date	$\begin{bmatrix} ^{d}2 & \begin{bmatrix} ^{d}2 & & & ^{m}1 & ^{m}1 & & & \\ \end{bmatrix} & \begin{bmatrix} ^{y}2 & ^{y}0 & \begin{bmatrix} ^{y}1 & \end{bmatrix} & \begin{bmatrix} ^{y}9 & & & \\ \end{bmatrix} & \begin{bmatrix} ^{q}2 & & & \\ \end{bmatrix} & \begin{bmatrix} $							
11	Appointment details							
-	The appointment was made by							
	(Tick one) ☑ Company							
	☐ Company ☐ Creditors							
12	Type of liquidation							
	Tick to confirm the liquidation type							
	□ Members							
	☑ Creditors							
13	Sign and date	I						
Liquidator's signature	Signature							
	× \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
 Signature date	02 08 m1 m1 y2 v0 y1 y9							
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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	Nick	(Edv	ward	S						
Company name	RSN	/l Re	struc	cturi	ng A	dvis	ory L	LP		
Address	The Pinnacle									
170 Mic	sumi	mer	Boul	eva	rd					
Post town	Milton Keynes									
County/Region Buckinghamshire										
Postcode		М	K	9			1	В	P	
Country	United Kingdom									
DX										
Telephone	0190	8 68	3780	0						

✓ 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