

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 1 0 6 6 1 7 4 5

Company name in full BOTTLE KILN DESIGN LIMITED

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) CRAIG

Surname RIDGLEY

3 Liquidator's address

Building name/number Business Innovation Centre

Street Harry Weston Road

Post town Coventry

County/Region

Postcode C v 3 2 T X

Country

4 Liquidator's email address or telephone number ^①

Email address office@mercianadvisory.co.uk

Telephone number 02476 430 317

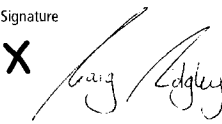
^① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 2 3 2 3 2

600

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

| | | |
|--|---|--|
| 6 Liquidator's name ^① | | ① Other Liquidator's details Use this section to tell us about another liquidator. |
| Full forename(s) | Adam | |
| Surname | Ramsey | |
| 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 | 30 Old Bailey | |
| Street | | |
| Post town | London | |
| County/Region | | |
| Postcode | E C 4 M 7 A U | |
| 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 | sakshi.singh1@mazars.co.uk | |
| Telephone number | | |
| 9 Insolvency practitioner number | | |
| Number | 2 9 2 3 0 | |
| 10 Statement of appointment | | |
| I confirm the appointment of the liquidator(s) on | | |
| Date | ^d 2 ^d 0 ^m 1 ^m 0 ^y 2 ^y 0 ^y 2 ^y 3 | |
| 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 X  | X |
| Signature date | ^d 2 ^d 7 ^m 1 ^m 0 ^y 2 ^y 0 ^y 2 ^y 3 | |

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 **Emma Ward**

Company name **Mercian Advisory Limited**

Address **Business Innovation Center**

Harry Weston Road

Post town **Coventry**

County/Region

Postcode **C V 3 2 T X**

Country

DX

Telephone

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

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

1 Company details

| | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Company number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Company name in full | <input type="text"/> | | | | | | | | | | <input type="text"/> |
| | <input type="text"/> | | | | | | | | | | <input type="text"/> |

2 Liquidator's name

| | | | | | | | | | | | |
|------------------|-------------------------------------|--|--|--|--|--|--|--|--|--|----------------------|
| Full forename(s) | <input type="text" value="Adam"/> | | | | | | | | | | <input type="text"/> |
| Surname | <input type="text" value="Harris"/> | | | | | | | | | | <input type="text"/> |

3 Liquidator's address

| | | | | | | | | | | | |
|----------------------|--|--------------------------------|--------------------------------|--------------------------------|----------------------|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|----------------------|
| Building name/number | <input type="text" value="30 Old Bailey"/> | | | | | | | | | | <input type="text"/> |
| Street | <input type="text"/> | | | | | | | | | | <input type="text"/> |
| | <input type="text"/> | | | | | | | | | | <input type="text"/> |
| Post town | <input type="text" value="London"/> | | | | | | | | | | <input type="text"/> |
| County/Region | <input type="text"/> | | | | | | | | | | <input type="text"/> |
| Postcode | <input type="text" value="E"/> | <input type="text" value="C"/> | <input type="text" value="4"/> | <input type="text" value="M"/> | <input type="text"/> | <input type="text" value="7"/> | <input type="text" value="A"/> | <input type="text" value="U"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country | <input type="text"/> | | | | | | | | | | <input type="text"/> |

4 Liquidator's email address or telephone number ⓘ

| | | | | | | | | | | | |
|------------------|---|--|--|--|--|--|--|--|--|--|---|
| Email address | <input type="text" value="sakshi.singh1@mazars.co.uk"/> | | | | | | | | | | ⓘ You must give an email address or telephone number. All information on this form will appear on the public record. |
| Telephone number | <input type="text"/> | | | | | | | | | | |

5 Insolvency practitioner number

| | | | | | | | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Insolvency practitioner number | <input type="text" value="1"/> | <input type="text" value="5"/> | <input type="text" value="4"/> | <input type="text" value="5"/> | <input type="text" value="4"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|