In accordance with Section 109 of the 600 Insolvency Act 1986.



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

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

1	Cor	npa	ny d	etail	s										
Company number	1	0	8	4	0	3	5	6		→Filling in this form Please complete in typescri					
Company name in full	PBSA	Sev	enth I	ettin	g GP1	or in bold black capitals.									
2	Liq	uida	tor's	naı	ne										
Full forename(s)	Nich	olas J	lames	;											
Surname	Timpson														
3	Liq	uida	tor's	ado	dres	s				•					
Building name/number	Inter	path	Ltd												
Street	10 Fl	eet P	lace												
Post town	Lonc	lon													
County/Region															
Postcode	E C 4 M 7 R B														
Country	United Kingdom														
4	Liq	uida	tor's	em	ail a	ddre	ess	or te	elephone nur	mber 0					
Email address	Mari	on.Ar	nders	on@i	nterp	atha	dviso	ry.co	m	You must give an emandal address or telephone number. It is a second and the second address. It is a second address. It i					
Telephone number	0203 307 4214 information on this form w appear on the public record.														
5	Insc	olve	ncy	prac	titio	ner	nun	nber		·					
Number	2	0	6	1	0										
		•	•	•		•			•						

600

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

6	Liqu	idate	or's	name	• •										
Full forename(s)	Howard													Other Liquidator's details Lipp this position to tall up about	
Surname	Smith													Use this section to tell us about another liquidator.	
7	Liqu	iidat	or's	addr	ess (2									
Building name/number	Interpath Ltd													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.	
Street	10 Fleet Place														
Post town	London														
County/Region															
Post code	Е	С	4	М		7	R	В							
Country	United Kingdom														
8	Liqu	idate	or's	emai	l add	iress	or to	ele	pho	ne r	numk	oer €	•		
Email address	Marion.Anderson@interpathadvisory.com												SYou must give an email address or telephone number. All		
Telephone number	0203 307 4214												information on this forma will appear on the public record.		
9	Insolvency practitioner number														
Number	9	3	4	1											
10	Statement of appointment														
	I conf	irm th	e app	ointme											
Date	2	0		1	2		2	0		2	3				
11	Appointment details														
	The appointment was made by (Tick one)														
		ompar	٦y												
	□ Creditors														
12				datio											
		o conf													
		embei		•											
	☐ Creditors														
13		n and													
Liquidator's signature	Signature		- dat												
			Ą	Δ	,										
	× X														
Olamantara III	*]			1			\top		_	l			
Signature date	2		1	1 1	2		2	0		2	3				

600

Notice of appointment of liquidators in members' or creditors' voluntary winding up

2 Pres	sente	er inf	orma	itior	1		! Important information						
You do no you do it query on will be vis	will the fo	help (orm. T	Compa The co	anies ntact	Hou- infor	se if matic	All information on this form will appear on the public record.						
Contact nam	ne Mar	ion Ar	iderso	n			∑ Where to send						
Company na	ıme Int	erpat	h Ltd				You may return this form to any Companies House address, however for						
Address								expediency we advise you to return it to the address below:					
130 St Vin	cent S	Street					The Registrar of Companies, Companies House,						
Post town G		N					Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.						
County/Regi	1				T		1 1						
Postcode	G	2		5	Н	F			<i>i</i> Further information				
Country Un	ited K	ingdo	m						For further information, please see the guidance notes on the website at				
DX									www.companieshouse.gov.uk or email				
Telephone 0	203 3	07 421	4				enquiries@companieshouse.gov.uk						
✓ Che	cklis	t					This form is available in an alternative format. Please visit the forms page on the website awww.companieshouse.gov.uk						
We may with info				omp	leted	inco							
Please r following		sure	you	hav	e re	mem							
			name on the										
☐ You h	nave a	attache	ed the	requi	red d	ocum	nents.						
☐ You h	nave s	signed	the fo	rm.									
ı									T .				