In accordance with section 109 of the Insolvency Act 1986

## 600



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

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

1	Company details												
Company number	1 0	9 6	8	9	Filling in this form Please complete in typescript or in								
Company name in full	Martina	Wrisdale	bold black capitals.										
2	Liquidator's name												
Full forename(s)	Lee												
Surname	De'ath												
3	Liquidator's address												
Building name/number	Town W	/all House	9										
Street	Balkern	e Hill											
Post town	Colchester												
County/Region	Essex												
Postcode	C O 3 3 A D												
Country													
4	Liquidator's email address or telephone number   You must give an email address or telephone number												
Email address	colchest	ter@btgu	c.cor	n		telephone number. All information on this form will appear on the							
Telephone number	01206.2	17900					public record.						
5	Insolver	ncy prac	titio	ner	nun	pber							
Number	9 3	1 6											

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6	Liquidator's name •				
Full forename(s)	Charles	Other Liquidator's details     Use this section to tell us about			
Surname	Turner	another liquidator.			
7	Liquidator's address 👁				
Building name/numbe	31st Floor	Use this section to tell us about another liquidator. Use the continuation page to tell us about			
Street	40 Bank Street				
		more than two liquidators.			
Post town	London				
County/Region					
Postcode	E 1 4 5 N R				
Country					
8	Liquidator's email address or telephone number •	♦ You must give an email address or			
Email address	colchester@btguk.com	telephone number. All information on this form will appear on the			
Telephone number	01206 217900	public record.			
9	Insolvency practitioner number				
Number	9 1 9 5				
10	Statement of appointment				
	I confirm the appointment of the liquidator(s) on				
Date	$\begin{bmatrix} d_2 & d_1 & & & \end{bmatrix} \begin{bmatrix} m_0 & m_6 & & & \end{bmatrix} \begin{bmatrix} y_2 & y_0 & y_2 & y_2 \end{bmatrix}$				
11	Appointment details				
	The appointment was made by				
	(Tick one)  ☑ Company				
	☐ Creditors				
12	Type of liquidation				
	Tick to confirm the liquidation type				
	☑ Members				
	□ Creditors				
13	Sign and date				
Liquidator's signature	Signature				
	X	X			
	(Ital)				
Signature date	$\begin{bmatrix} d & 2 & \end{bmatrix} \begin{bmatrix} d & 9 & \end{bmatrix} \begin{bmatrix} m & 6 & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 2 \end{bmatrix}$				

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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 Sue Sorrell										
Company name Begbies Traynor (Central) LLP										
Address	Town Wall House									
Balkerne Hill										
Post town	Colchester									
County/Region Essex										
Postcode		С	0	3		3	Α	D		
Country										
DX										
Telephone	Telephone 01206 217900									

#### 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.

#### 

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