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

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

1	Company details								
Company number	1 1 0 6 5 3 0 8	→ Filling in this form Please complete in typescript or in							
Company name in full	PLATEAWAY LIMITED	bold black capitals.							
2	Liquidator's name								
Full forename(s)	Joylan								
Surname	Sunnassee								
3	Liquidator's address								
Building name/number	1 Beauchamp Court								
Street	Victors Way								
Post town	Barnet	_							
County/Region	Herts								
Postcode	EN55TZ								
Country									
4	Liquidator's email address or telephone number •	• You must give an email address or							
Email address		telephone number. All information on this form will appear on the							
Telephone number	020 8216 2520 public record.								
5	Insolvency practitioner number								
Number	1 0 4 7 0								

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

6	Liqu	idat	tor's	nar	ne O)									
Full forename(s)				_							_			-	Other Liquidator's details Use this section to tell us about
Surname														_	another liquidator.
7	Liqu	idat	tor's	ado	lres	S @					:			_	
Building name/number														_	Other Liquidator's details
Street															Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town			_												
County/Region										_				_	
Postcode															
Country		·	·		·	<u>-</u>	·	<u> </u>				_		_	
8	Liqui	idat	or's	em	ail a	ddr	ess	or tele	epho	one n	umbe	er 😉		€	You must give an email address or
Email address		-													telephone number. All information on this form will appear on the
Telephone number									_				_	_	public record.
9	Inso	lve	ncy	prac	titi	oner	nui	nber						-	
Number															
10	Statement of appointment														
	I confirm the appointment of the liquidator(s) on														
Date	2	1		1	2		2	o	^y 2	^y 2					
11	Appointment details														
	(Tick	The appointment was made by (Tick one) ☑ Company ☐ Creditors													
12	Type of liquidation														
	Tick	Me	onfirr mber ditors		liqui	datio	n type	•			-		_		
13	Sign	an	d da	ate											
Liquidator's signature	Signatu	ıre	. <u>()</u>	1)	<u> </u>					_			`	X	
Signature date	^d 2	^d 2		^m	^m 2	-	^y 2	^y 0_	^y 2	^y 2	_				

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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	Lila Saru
Company name	BBK Partnership
Address	1 Beauchamp Court
	Victors Way
Post town	Barnet
County/Region	Herts
Postcode	E N 5 5 T Z
Country	
DX	
Telephone	020 8216 2520

✓ 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.

7 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