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 1 4 9 7 7 8 6	Filling in this form Please complete in typescript or in
Company name in full	Sitilop Limited	bold black capitals.
2	Liquidator's name	
Fuil forename(s)	Joseph G M	11000
Surname	Sadler	
3	Liquidator's address	
Building name/number	22 Regent Street	,,-
Street		•
		-
ost town	Nottingham	-
County/Region		-
Postcode	N G 1 5 B Q	
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	0115 838 7330	
5	Insolvency practitioner number	
Number	9 0 4 8	
	•	

	600	
	Notice of appointment of liquidator in a members' or creditors'	
	voluntary winding up	
5	Liguidata da maren 1	
	Liquidator's name [●]	
ull forename(s)	Andrew J	Other Liquidator's details Use this section to tell us about
urname	Cordon	another liquidator.
	Liquidator's address ❷	
uilding name/number	22 Regent Street	Other Liquidator's details
treet		 Use this section to tell us about another liquidator. Use the
		 continuation page to tell us about more than two liquidators.
ost town	Nottingham	
ounty/Region		·
ostcode	N G 1 5 B Q	
ountry		-
	Liquidator's email address or telephone number ⁹	8 Variation and the latest
mail address		You must give an email address telephone number. All information on this form will appear on the public record.
elephone number	0115 838 7330	
	Insolvency practitioner number	
umber	0 0 9 6 8 7	
0	Statement of appointment	
_	I confirm the appointment of the liquidator(s) on	
ate	1 0 0 5 2 0 2 2	
1	Appointment details	1
	The appointment was made by	_
	(Tick one)	
	☑ Company	
12	Creditors Type of liquidation	
14	Type of liquidation	
	Tick to confirm the liquidation type ☑ Members	
	☐ Creditors	
	Sign and date	
iquidator's signature	Signature	
	X (G ken)	<
ignature date	1 0 5 ½ ½ ½ ½	

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	Joseph G M Sadler	
Сотрапу лате	CFS Restructuring LLP	
Address	22 Regent Street	
Post town	Nottingham	
County/Region		
Postcode	N G 1 5 B Q	
Country		
DX		
Telephane	0115 838 7330	
27.1	1 1b -	

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