In accordance with section 109 of the Insolvency Act 1986

## 600



### Companies House

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



	;	A20	27/10/2023 #50 COMPANIES HOUSE
1	Company details		
Company number	1 3 3 2 7 9 3 9		Filling in this form Please complete in typescript or in
Company name in full	Phoenix Range Indoor Shooting Centre Limited		bold black capitals.
	- The first and the street of	}	-
2	Liquidator's name		
Full forename(s)	Jeremy	•	
Surname	Bleazard		•
3	Liquidator's address		
Building name/number	XL Business Solutions Limited		
Street	Premier House		
	Bradford Road		
Post town	Cleckheaton		
County/Region		f	
Postcode	B D 1 9 3 T T	•	
Country			
4	Liquidator's email address or telephone number •		
Email address	jbleazard@xlbs.co.uk	r.	<ul> <li>You must give an email address or telephone number. All information on this form will appear on the</li> </ul>
Telephone number	01274 870101		public record.
5	Insolvency practitioner number	·	
Number	0 9 3 5 4	ı	
	:	!	
	<u>:</u>		
	3	ı	
	:	;	

	600  Notice of appointment of liquidator in a members' or creditors' voluntary winding up	
6	Liquidator's name •	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname	·	another liquidator.
7	Liquidator's address @	•
Building name/number		② 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	;	
8	Liquidator's email address or telephone number ©	9 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	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	<sup>d</sup> 2 <sup>d</sup> 5 <sup>m</sup> 0 <sup>m</sup> 9 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 3	
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 / '	
iquidator's signature	X X	
Signature date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	:	

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Presenter information	1
You do not have to give any cont you do it will help Companies Ho on the form. The contact informa visible to searchers of the public	use if there is a query tion you give will be
visible to searchers of the public	record.
Contact name	÷ ,
Company name	ş.
	i
Address	
	÷.
	;
Post town	# -
County/Region	# F
Postcode	j j
Country	
DX	
Telephone	;
✓ Checklist	,
We may return forms complet with information missing.	ed incorrectly or
	*

Please make sure you have remembered the

□ The company name and number match the information held on the public Register. }
 □ You have signed and dated the form. §

following:

#### 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