FORM NO.VL1 VL1

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

Please do not write in this margin. Please complete legibly, preferably in black type, or bold, block lettering. Pursuant to Article 95 of the Insolvency (Northern Ireland) Order 1989

ably in black type, I, block lettering.	To the Registrar of Companies		official <sub>Ise</sub>	Company number
		ΓΤ		NI054094
	Name of Company	<u> </u>		L
Insert full name of company	APT LICENSING LIMITED			
	Nature of Business			
	NON-TRADING COMPANY			
	I give notice that I have been appointed liquidator of the above company on 6 August 2020			
	The appointment was by the company Type of liquidation: Members Voluntary			
	Name of Liquidator PETER MICHAEL ALLEN			
	Office holder number 009743			
		(NI) LIMITED		
	19 BEDFORD STREET			
	BELFAST BT2.7EJ			
		i .	Data 6 Au	Igust 2020
	Signature	<del>-</del>	Date 6 At	ıgust 2020
	Name of Liquidator			
	Office holder number			
	Address			
	Signature		Date	
	Presenter's name, address and reference (if any):  Peter Allen Deloitte (NI) Ltd 19 Bedford Street Belfast BT2 7EJ  Time critical reference	For Official Use Public Office		Document Checking Section
	After signing please return the form to The Registrar of Companies for Northern Ireland	ıf		