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



Companies House

MONDAY



A08 *A7HMIJEB* 29/10/2018 #383
COMPANIES HOUSE

1 Company details

Company number O C 3 7 6 9 5 2

Company name in full Mayfair Capital Residential 1 LLP

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Vincent John

Surname Green

3 Liquidator's address

Building name/number 4 Mount Ephraim Road

Street Tunbridge Wells

Post town Kent

County/Region

Postcode T N 1 1 E E

Country

4 Liquidator's email address or telephone number ^①

Email address recoveryolutions@crowe.co.uk

Telephone number 01892 700200


① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 0 0 9 4 1 6

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6	Liquidator's name^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Mark		
Surname	Newman		
7	Liquidator's address^②		② Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Building name/number	4 Mount Ephraim Road		
Street	Tunbridge Wells		
Post town	Kent		
County/Region			
Postcode	T N 1 1 E E		
Country			
8	Liquidator's email address or telephone number^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	recoverysolutions@crowe.co.uk		
Telephone number	01892 700200		
9	Insolvency practitioner number		
Number	0 0 8 7 2 3		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	1 8 1 0 2 0 1 8		
11	Appointment details		
	The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature 		X
Signature date	1 8 1 0 2 0 1 8		

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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	Vincent John Green
Company name	Crowe U.K. LLP
Address	4 Mount Ephraim Road Tunbridge Wells
Post town	Kent
County/Region	
Postcode	T N 1 1 E E
Country	
DX	
Telephone	01892 700200

**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