

600

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



Companies House

FRIDAY



A8GBP42

A20

18/10/2019

#29

COMPANIES HOUSE

1 Company details

Company number 01173014
Company name in full ALNO (UNITED KINGDOM) LIMITED

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

2 Liquidator's name

Full forename(s) GARETH
Surname HARRIS

3 Liquidator's address

Building name/number CENTRAL SQUARE, 5TH FLOOR
Street 29 WELLINGTON STREET
Post town LEEDS
County/Region
Postcode LS14DL
Country

4 Liquidator's email address or telephone number ^①

Email address RESTRUCTURING.LEEDS@RSMUK.COM
Telephone number 0113 285 5000


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 14412

600

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

6	Liquidator's name^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	KEITH		
Surname	MARSHALL		
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	CENTRAL SQUARE, 5TH FLOOR		
Street	29 WELLINGTON STREET		
Post town	LEEDS		
County/Region			
Postcode	L S 1 4 D L		
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	RESTRUCTURING.LEEDS@RSMUK.COM		
Telephone number	0113 285 5000		
9	Insolvency practitioner number		
Number	9 7 4 5		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 2 d 4 m 0 m 9 y 2 y 0 y 1 y 9		
11	Appointment details		
	The appointment was made by (Tick one) <input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type <input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature X  X		
Signature date	d 1 d 6 m 1 m 0 y 2 y 0 y 1 y 9		

600

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 **GARETH HARRIS**Company name **RSM Restructuring Advisory LLP**Address **Central Square, 5th Floor****29 Wellington Street**Post town **Leeds**

County/Region

Postcode

L	S	1		4	D	L
---	---	---	--	---	---	---

Country

DX

Telephone **0113 285 5000****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

600 - continuation page

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

1	Company details	
Company number	<input type="text"/>	
Company name in full	<input type="text"/>	
	<input type="text"/>	
2	Liquidator's name	
Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
3	Liquidator's address	
Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	
4	Liquidator's email address or telephone number	
Email address	<input type="text"/>	You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	
5	Insolvency practitioner number	
Insolvency practitioner number	<input type="text"/>	