In accordance with section 109 of the Insolvency Act 1986

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







COMPANIES HOUSE

1	Com	pany o	deta	ils				
Company number	0	3 9	5	7	8	0	0	Filling in this form Please complete in typescript or in
Company name in full	Glo	bal Foo	dserv	ice Eq	uipm	Limited	bold black capitals.	
2	Liqu	idator	's na	me				
Full forename(s)	Tim	othy Jo	hn Ed	ward				
Surname	Dol	der						
3	Liqu	dator	's ad	dres	s			
Building name/number	1 Ra	adian Co	ourt	-				
Street	Kno	wlhill						
								7
Post town	Milt	on Key	nes					7
County/Region								7
Postcode	м	K 5		8	Р	J		
Country				1	•			
4	Liqu	idator	's en	nail a	ddr	ess	or telephone number •	• You must give an email address o
Email address	tim.dolder@opusllp.com							telephone number. All information on this form will appear on the
Telephone number	019	01908 087220						public record.
5	Inso	lvency	/ pra	ctiti	oner	nui	mber	
 Number	9	0 0	8					

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6	Liqui	date	or's i	nam	е	•														
Full forename(s)	Coli	n Da	vid										,				Other Liquid Use this sec about another	tion to te	ell us	
Surname	Wils	son																		
7	Liqui	dato	or's a	addr	ess	•)													
Building name/number	1 R	adiar	ı Cou	rt													Other Liquidato	r's details		
Street	Kno	wlhi	II												·	_]	Use this section another liquidate continuation propertions about more the liquidators.	ator Use t age to tell	he	
Post town	Mil	ton K	eyne	s																
County/Region																				
Postcode	м	К	5		8	P	J		T											
Country				<u> </u>		L														
8	Liqui	date	or's e	emai	l ad	dres	s or	tele	phe	one	nı	ımb	er	•			- W-T	· -		
Email address	coli	n.wil	son@	opus	ilp.c	om											 You must give a or telephone nation on information on appear on the 	umber Al		
Telephone number	020	332	6 645	4													public record.			
9	Insol	ven	су рі	acti	tion	er n	umb	er				***								
 Number	9	4	7	8																
10	State	mei	nt of	app	oin	tmei	nt				-									
	l conf	firm t	the ar	nogo	tmer	nt of t	the li	auid	atori	(s) o	n								_	1
Date	2	9]	0	1		2	0	2	0	\neg									
11	Appo	ointr	nen	t det	ails															
		Comp Credit	ors	t was	mad	e bv														_

12 .	Type of liquidation										
	☐ Members Creditors										
	i Tick to confirm the liquidation type										
13	Sign and date										
Liquidator's signatu	X ////.	×									
Signature date	3 0 0 1 2 0 2 a										
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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.

Timothy Jol	n Edwar	d Do	lder				
Opus Restru	cturing	LLP					

1 Radian Co	ourt						
Knowlhill	_						
<u> </u>							
Milton Keyr	ies						
Postcode	М	к	5	8	Р	J	
DX						·	
01908 087	220						

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