In accordance with section 109 of the Insolvency Act 1986

## 600



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

SATURDAY



A31 06/01/2018 COMPANIES HOUSE

#132

1	Company details		
Company number	0 7 6 2 7 4 5 9	→ Filling in this form Please complete in typescript or in	
Company name in full	Build With Confidence Ltd	bold black capitals.	
2	Liquidator's name		
Full forename(s)	Ninos		
Surname	Koumettou		
3	Liquidator's address	<del></del>	
Building name/number	1 Kings Avenue		
Street	Winchmore Hill		
Post town	London		
County/Region			
Postcode	N 2 1 3 N A		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address o	
Email address	ninos@aljuk.com	telephone number. All informatio on this form will appear on the public record.	
Telephone number	020 8370 7250		
5	Insolvency practitioner number		
Number	0 0 2 2 4 0		

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6	Liquidator's name <sup>©</sup>	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address o	
Building name/number		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 <sup>©</sup>	You must give an email address of
Email address		telephone number. All information
Telephone number		public record.
9	Insolvency practitioner number	·
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	0 5 0 7 ½ 0 1 8	
11	Appointment details	
<del></del>	The appointment was made by	
	(Tick one)	
	☑ Company	
42	Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type	
	☐ Members	
	☑ Creditors	
13	Sign and date	
Liquidator's signature	Signature	
	× Armto	×
Signature date	$\begin{bmatrix} 1 \\ 0 \end{bmatrix} \begin{bmatrix} 0 \\ 5 \end{bmatrix} \begin{bmatrix} 0 \\ 1 \end{bmatrix} \begin{bmatrix} 0 \\ 1 \end{bmatrix} \begin{bmatrix} 0 \\ 2 \end{bmatrix} \begin{bmatrix} 0 \\ 1 \end{bmatrix} \begin{bmatrix} 0 $	
	0 0 0 1 2 0 1 0	

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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	Alex Kakouris	
Company name	Alexander Lawson Jacobs	
Address	1 Kings Avenue	
	Winchmore Hill	
Post town	London	
County/Region		
Postcode	N 2 1 3 N A	
Country		
Dχ		
Telephone	020 8370 7250	

#### ✓ 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