In accordance with section 109 of the Insolvency Act 1986

600



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





A89Ø5ØLF 04/07/2019 COMPANIES HOUSE

#8

Company number	1 0 6 3 5 0 3 9	→ Filling in this form							
Company name in full	UK Air Manufacturing Ltd	Please complete in typescript or in bold black capitals.							
2	Liquidator's name	·							
Full forename(s)	Neil								
Surname	Maddocks								
3	Liquidator's address								
Building name/number	Orchard Street Business Centre								
Street	13-14 Orchard Street								
Post town	Bristol								
County/Region									
Postcode	BS15EH								
Country									
4	Liquidator's email address or telephone number •	You must give an email address							
Email address	neil.maddocks@undebt.co.uk	telephone number. All information this form will appear on the							
Telephone number	0117 376 3523 public record.								
5	Insolvency practitioner number								
Number	9 2 3 9								

600

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6	Liquidator's name ⁰						
Full forename(s)	Rob	Other Liquidator's details Use this section to tell us abou					
Surname	Coad	another liquidator.					
7	Liquidator's address @						
Building name/number	Orchard Street Business Centre	Other Liquidator's details					
Street	13-14 Orchard Street	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.					
Post town	Bristol						
County/Region							
Postcode	B S 1 5 E H						
Country							
8	Liquidator's email address or telephone number ®	You must give an email address o					
Email address	rob.coad@undebt.co.uk	telephone number. All informatio on this form will appear on the					
Telephone number	0117 376 3523	public record.					
9	Insolvency practitioner number	·					
Number	1 1 0 1 0						
10	Statement of appointment						
	I confirm the appointment of the liquidator(s) on						
Date	d d d d d d d d d d d d d d d d d d d						
11	Appointment details						
	The appointment was made by						
	(Tick one)						
	☐ Company ☐ Creditors						
12	Type of liquidation						
	Tick to confirm the liquidation type						
	☐ Members						
	☑ Creditors						
13	Sign and date	<u> </u>					
Liquidator's signature	Signature						
	X Joan	X					
Signature date	1°0°3 0°7 12°0°1 19						

600

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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	Neil Maddocks
Company name	Undebt.co.uk
Address	Orchard Street Business Centre
13-14 C	Orchard Street
Post town	Bristol
County/Region	
Postcode	B S 1 5 E H
Country	
DX	
Telephone	0117 376 3523

✓ 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.

7 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

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600 - continuation page

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1	Comp	any d	letail	İs				
Company number								
Company name in full								_ _}
2	Liquid	ator	s nan	ne				<u> </u>
Full forename(s)								
Surname								
3	Liquid	lator'	s add	dres	s			
Building name/number				-	_		·	
Street								
Post town					_			_
County/Region								
Postcode						_		
Country				<u>* </u>	·			_
4	Liquid	lator'	s em	ail a	ddre	ess	or telephone number •	
Email address					_			• You must give an email address or
Telephone number								telephone number. All information on this form will appear on the public record.
5	Insolv	ency	prac	titio	ner	nun	ber	
Insolvency practitioner number								