

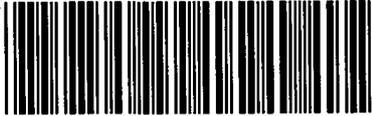
# 600

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



Companies House

TUESDAY



\*ACUBQ06Q\*

A8 09/01/2024 #143  
COMPANIES HOUSE

### 1 Company details

Company number	1   1   0   9   1   7   0   2
Company name in full	ENERGYBUILD RESOURCES LIMITED

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

### 2 Liquidator's name

Full forename(s)	GARETH
Surname	STONES

### 3 Liquidator's address

Building name/number	63
Street	WALTER ROAD
Post town	SWANSEA
County/Region	
Postcode	S   A   1   4   P   T
Country	UK

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address	info@stonesandco.co.uk
Telephone number	01792 654607

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	1   9   1   9   0
--------	-------------------

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**6 Liquidator's name <sup>①</sup>**

Full forename(s) \_\_\_\_\_  
Surname \_\_\_\_\_

**① Other Liquidator's details**  
Use this section to tell us about another liquidator.

**7 Liquidator's address <sup>②</sup>**

Building name/number \_\_\_\_\_  
Street \_\_\_\_\_  
Post town \_\_\_\_\_  
County/Region \_\_\_\_\_  
Postcode \_\_\_\_\_  
Country \_\_\_\_\_

**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.

**8 Liquidator's email address or telephone number <sup>③</sup>**

Email address \_\_\_\_\_  
Telephone number \_\_\_\_\_

**③ You must give an email address or telephone number.** All information on this form will appear on the public record.

**9 Insolvency practitioner number**

Number \_\_\_\_\_

**10 Statement of appointment**

I confirm the appointment of the liquidator(s) on

Date <sup>d</sup>2 <sup>d</sup>7 <sup>m</sup>1 <sup>m</sup>2 <sup>y</sup>2 <sup>y</sup>0 <sup>y</sup>2 <sup>y</sup>3

**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**

Liquidator's signature <sup>Signature</sup>  
X  X

Signature date <sup>d</sup>0 <sup>d</sup>8 <sup>m</sup>0 <sup>m</sup>1 <sup>y</sup>2 <sup>y</sup>0 <sup>y</sup>2 <sup>y</sup>4

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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	LESLEY MCLEOD
Company name	STONES & CO INSOLVENCY PRACTITIONERS LIMITED
Address	63 WALTER ROAD
Post town	SWANSEA
County/Region	
Postcode	S A 1 4 P T
Country	UK
DX	
Telephone	01792 654607



### 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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)