In accordance with section 109 of the Insolvency Act 1986

600



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

For further information, please refer to our guidance at www.gov.uk/companieshouse

	Com	pai	ny d	etai	s						
Company number	1	1	2	4	7	9	1	ľ	8		Filling in this form Please complete in typescript or in
Company name in full	Centrum Campaign Limited								bold black capitals.		
2	Liqui	ida	tor'	s na	me	 -					
Full forename(s)	Bija	i		·							
Surname	Sha	h									
3	Liqu	ida	tor'	s ad	dres	S					
Building name/number	27 (Chi	ırch S	Stree	:						
Street					_						
				_		_]
Post town	Ric	Rickmansworth									
County/Region	Hertfordshire]		
Postcode	w		3		1	D	E				
Country		•—									
4	Liquidator's email address or telephone number •					lephone number ⁰	• You must give an email address or telephone number. All information on this form will appear on the public record.				
Email address	blJal.shah@edgerecovery.com										
Telephone number	+44 (0)1923 776 223										
5	Ins	olv	enc	y pr	actit	ione	er nu	un	nb	<u>r</u>	
Number	8	7	7 1	7							

	600	
	Notice of appointment of liquidator in a members' or cr	editors'
	voluntary winding up	
	Liquidator's name 1	
Full forename(s)		Other Liquidator's details Use this section to tell us about another liquidator
Surname		
	Liquidator's address 2	
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		inquisito).
County/Region		
Postcode		.
Country		
	Liquidator's email address or telephone numbers	
Email address		You must give an email address or telephone number. All information on this form will appear on the
Telephone number		public record.
	Insolvency practitioner number	
Number		
	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	1 5 0 3 2 0 2 2	·
	Appointment details	<u>, </u>
	(Tick one) Company Creditors The appointment was made by	

	Type of liquidation	
	☐ Members ☐ Creditors	
		1
	Tick to confirm the liquidation type Sign and date	
Liquidator's signatur	<u> </u>	<u> </u>
uquidator s signatur	X D	×
Signature date	Signature	I
	600 Notice of appointment of liquidator in a member	s' or creditors'
	voluntary winding up	
	Presenter information	Important 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.	All information on this form will appear on the public record.
	Bijal Shah	☑ Where to send
	Edge Recovery Limited	You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:
	27 Church Street	The Registrar of Companies, Companies House,
		Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.
	Rickmansworth	
	Hertfordshire	
	W D 3 1 D E	Further information
	DX	For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk
	+44 (0)1923 776 223	
	Checklist	This form is available in an
	We may return forms completed incorrectly or with information missing.	alternative format. Please visit the forms page on the website at
	Please make sure you have remembered the	www.gov.uk/companieshouse

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12/17 Version 1.0

following: