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

MONDAY



\*A7K1F51D\* 03/12/2018

COMPANIES HOUSE

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Sumame Appleton  Liquidator's address  Building name/number 26 - 28 Bedford Row  Street  Post town London  County/Region  Postcode W C 1 R 4 H E  Country  Liquidator's email address or telephone number O  Email address  Telephone number 020 7400 7900  Insolvency practitioner number	1	Company details	•
Company name in full MT CECELIA LTD bold black capitals.  2 Liquidator's name  Full forename(s) Paul  Surname Appleton  3 Liquidator's address  Building name/number 26 - 28 Bedford Row  Street  Post town London  County/Region  Postcode W C 1 R 4 H E  Country  4 Liquidator's email address or telephone number   Email address  Telephone number 020 7400 7900  5 Insolvency practitioner number	Company number	1 1 2 8 2 5 5 8	
Full forename(s) Paul  Surname Appleton  3 Liquidator's address  Building name/number 26 - 28 Bedford Row  Street  Post town London  County/Region  Postcode W C 1 R 4 H E  Country  4 Liquidator's email address or telephone number   Email address  Telephone number 020 7400 7900  Insolvency practitioner number	Company name in full	1	
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Surname Appleton  Liquidator's address  Building name/number 26 - 28 Bedford Row  Street  Post town London  County/Region  Postcode W C 1 R 4 H E  Country  Liquidator's email address or telephone number   Email address  Liquidator's email address or telephone number   O'You must give an email address or telephone number on this form will appear on the public record.	2	Liquidator's name	
Building name/number 26 - 28 Bedford Row  Street  Post town London  County/Region  Postcode W C 1 R 4 H E  Country  Liquidator's email address or telephone number   Email address  Telephone number 020 7400 7900  Insolvency practitioner number	Full forename(s)	Paul	
Building name/number 26 - 28 Bedford Row  Street  Post town London  County/Region  Postcode W C 1 R 4 H E  Country  Liquidator's email address or telephone number   Email address  Telephone number 020 7400 7900  Insolvency practitioner number	Surname	Appleton	
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County/Region  Postcode W C 1 R 4 H E  Country  4 Liquidator's email address or telephone number   Email address  Telephone number 020 7400 7900  Insolvency practitioner number	Street		
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Postcode W C 1 R 4 H E  Country  4 Liquidator's email address or telephone number ©  Email address  Telephone number 020 7400 7900  5 Insolvency practitioner number	Post town	London	
Country  Liquidator's email address or telephone number  Email address  Telephone number  O You must give an email address or telephone number. All information on this form will appear on the public record.  Insolvency practitioner number	County/Region		
Liquidator's email address or telephone number  Email address  Telephone number  O20 7400 7900  Insolvency practitioner number	Postcode	WC1R4HE	
Email address  Telephone number 020 7400 7900  Insolvency practitioner number  telephone number on this form will appear on the public record.	Country		
Telephone number 020 7400 7900 on this form will appear on the public record.  Insolvency practitioner number	4	Liquidator's email address or telephone number <sup>0</sup>	
5 Insolvency practitioner number	Email address		
	Telephone number	020 7400 7900	public record,
Number 8 8 8 3	5	Insolvency practitioner number	
	Number	8 8 8 3	

600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up Liquidator's name • • Other Liquidator's details Full forename(s) Use this section to tell us about another liquidator. Surname Liquidator's address @ Building name/number Other Liquidator's details Use this section to tell us about Street 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 9 You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number Insolvency practitioner number Number 10 Statement of appointment I confirm the appointment of the liquidator(s) on Date 2 6 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 Signature Liquidator's signature X X Signature date ໍ2 ໄຮ

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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	Glyn Middleton
Company name	David Rubin & Partners
Address	26 - 28 Bedford Row
Post town	London
County/Region	
Postcode	W C 1 R 4 H E
Country	
DX	
Telephone	

#### ✓ 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.

#### **i** 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