In accordance with section 109 of the Insolvency Act 1986

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Companies House

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

SATURDAY



A895BCI3 06/07/2019 COMPANIES HOUSE

#21

er to

Company details → Filling in this form Company number Please complete in typescript or in bold black capitals. Company name in full DJT 1 201 Liquidator's name Full forename(s) LISA Surname ZAMONT Liquidator's address Building name/number NOVILLE + CO, BUCKLAND HUJSE, 12 Street WILLIAM PRANCE RUAD PLYMUNTY INT BUSINESS PARK Post town PLYMONTH County/Region DOVON Postcode Country Liquidator's email address or telephone number • 1 You must give an email address or telephone number. All information **Email address** mail@newieco.co.ve. on this form will appear on the public record. Telephone number 01752 786800 Insolvency practitioner number Number

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6	Liquidator's name ⁰	<u></u>						
Full forename(s)	DAVIB	Other Liquidator's details Use this section to tell us about						
Surname	KIRK	another liquidator.						
7	Liquidator's address [©]							
Building name/number	NOTHER FOO BUCKARD HOUSE, 12	Other Liquidator's details Use this section to tell us about						
Street	william PRANTE ROAD, RYMONM	another liquidator. Use the continuation page to tell us about						
	INTREMATIONAL BUSINESS PARK	more than two liquidators.						
Post town	Ryncom							
County/Region	Dev 22							
Postcode	PLBSWR							
Country	u.z.							
8	Liquidator's email address or telephone number [©]	You must give an email address or						
Email address	mail@newiero.co.ve	telephone number. All information on this form will appear on the public record.						
Telephone number	01752 786800							
9	Insolvency practitioner number							
Number	8830							
10	Statement of appointment							
_	I confirm the appointment of the liquidator(s) on							
Date	0 2 0 7 72 0 1 6							
11	Appointment details							
	The appointment was made by							
	(Tick one)							
	Company Creditors							
12	Type of liquidation	<u> </u>						
u .2	Tick to confirm the liquidation type							
	Members							
	□ Creditors							
13	Sign and date							
Liquidator's signature	Signature X	×						
Signature date	C 4 0 7 201 A							

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Prese	nter	info	rma	tior)				
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									
Company rame									
Address									
Past town									
County/Region									
Postcode									
Country	•			•	-	,	·		
DX									
Telephone							-		
✓ Checl	klist								
18/2									

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