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





A17 06/05/2020 COMPANIES HOUSE

#61

| 1 | Company details | |
|----------------------|---|--|
| Company number | 0 0 5 6 6 9 7 4 | Filling in this form Please complete in typescript or in |
| Company name in full | Prout Holdings Limited | bold black capitals. |
| | | |
| 2 | Liquidator's name | |
| Full forename(s) | Deborah Ann | |
| Surname | Cockerton | |
| 3 | Liquidator's address | |
| Building name/number | 18 | |
| Street | Clarence Road | |
| | | |
| Post town | Southend-on-Sea | |
| County/Region | Essex | |
| Postcode | S S 1 1 A N | |
| Country | United Kingdom | |
| 4 | Liquidator's email address or telephone number Output Description: | You must give an email address of |
| Email address | keelyedwards@dcabr.co.uk | telephone number. All information on this form will appear on the public record. |
| Telephone number | 01702 344558 | |
| 5 | Insolvency practitioner number | |
| Number | 9 6 4 1 | |

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| 6 | Liquidator's name | |
|----------------------|---|---|
| Full forename(s) | | Other Liquidator's details Use this section to tell us about another liquidator |
| Surname | | 1' |
| 7 | Liquidator's address • | |
| 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 | | |
| County/Region | | |
| Postcode | | |
| Country | | |
| 8 | Liquidator's email address or telephone number | |
| Email address | | You must give an email address or telephone number. All information on this form will |
| Telephone number | | appear on the public record. |
| 9 | Insolvency practitioner number | |
| Number | | |
| 10 | Statement of appointment | |
| | | |
| Data | I confirm the appointment of the liquidator(s) on | |
| Date | 2 2 0 4 2 0 2 0 | |
| 11 | Appointment details | |
| | (Tick offe) | |
| | Company | |
| | ☐ Creditors The appointment was made by | 1 |
| | The appointment was made by | |

| 12 | Type of liquidation | | |
|--------------------|--------------------------------------|--|--|
| | Members Creditors | | |
| | Tick to confirm the liquidation type | | |
| 13 | Sign and date | | |
| Liquidator's signa | XD.A. Contail | | |
| Signature date | 06 05 2020 | | |
| | | | |
| | | | |

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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. Deborah Ann Cockerton DCA Business Recovery 18 Clarence Road Southend-on-Sea Essex Postcode Ν United Kingdom 01702 344558 Checklist We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

following:

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 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