

600

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



Companies House



**1** Company details

Company number 0 0 6 5 5 0 0 2

Company name in full PENTON HOOK MARINAS LIMITED

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

**2** Liquidator's name

Full forename(s) LAURA MAY

Surname WATERS

**3** Liquidator's address

Building name/number PRICEWATERHOUSECOOPERS LLP

Street 7 MORE LONDON RIVERSIDE

Post town LONDON

County/Region

Postcode S E 1 2 R T

Country UNITED KINGDOM

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

Email address LAURA.M.WATERS@PWC.COM

Telephone number


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 9 4 7 7

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<b>6 Liquidator's name<sup>1</sup></b>		<b>1 Other Liquidator's details</b> Use this section to tell us about another liquidator.
Full forename(s)	STEVEN	
Surname	SHERRY	
<b>7 Liquidator's address<sup>2</sup></b>		<b>2 Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Building name/number	PRICEWATERHOUSECOOPERS LLP	
Street	7 MORE LONDON RIVERSIDE	
Post town	LONDON	
County/Region		
Postcode	S E 1 2 R T	
Country	UNITED KINGDOM	
<b>8 Liquidator's email address or telephone number<sup>3</sup></b>		<b>3 You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Email address	STEVEN.A.SHERRY@PWC.COM	
Telephone number		
<b>9 Insolvency practitioner number</b>		
Number	1 9 7 5 2	
<b>10 Statement of appointment</b>		
I confirm the appointment of the liquidator(s) on		
Date	<sup>d</sup> 1 <sup>d</sup> 4 <sup>m</sup> 0 <sup>m</sup> 3 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 2	
<b>11 Appointment details</b>		
The appointment was made by (Tick one)		
<input checked="" type="checkbox"/> Company		
<input type="checkbox"/> Creditors		
<b>12 Type of liquidation</b>		
Tick to confirm the liquidation type		
<input checked="" type="checkbox"/> Members		
<input type="checkbox"/> Creditors		
<b>13 Sign and date</b>		
Liquidator's signature	Signature X  X	
Signature date	<sup>d</sup> 1 <sup>d</sup> 4 <sup>m</sup> 0 <sup>m</sup> 3 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 2	

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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	SANDEEP KLAIR									
Company name	PRICEWATERHOUSECOOPERSLLP									
Address	ONE CHAMBERLAIN SQUARE									
Post town	BIRMINGHAM									
County/Region										
Postcode		B	3		3	A	X			
Country	UNITED KINGDOM									
DX										
Telephone	07483 440509									

**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)

## 600 - continuation page

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<b>1</b>	<b>Company details</b>	
Company number	<input type="text"/>	
Company name in full	<input type="text"/>	
	<input type="text"/>	
<b>2</b>	<b>Liquidator's name</b>	
Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
<b>3</b>	<b>Liquidator's address</b>	
Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	
<b>4</b>	<b>Liquidator's email address or telephone number <sup>①</sup></b>	
Email address	<input type="text"/>	<b>①</b> You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	
<b>5</b>	<b>Insolvency practitioner number</b>	
Insolvency practitioner number	<input type="text"/>	