

600

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



Companies House

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

1 Company details

Company number 0 1 2 4 3 3 1 9

Company name in full Speciality Coatings Group Limited

→ Filling in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Michael Colin John

Surname Sanders

3 Liquidator's address

Building name/number 6th Floor

Street 2 London Wall Place

Post town London

County/Region

Postcode E C 2 Y 5 A U

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 0207 429 4100

^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 8 6 9 8

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6 Liquidator's name^①

Full forename(s) Georgina Marie

Surname Eason

① Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address^②

Building name/number 6th Floor

Street 2 London Wall Place

Post town London

County/Region

Postcode E C 2 Y 5 A U

Country

② Other Liquidator's details
Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.

8 Liquidator's email address or telephone number^③

Email address

Telephone number 0207 429 4100

③ You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number 9 6 8 8

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date ^d2 ^d3 ^m0 ^m7 ^y2 ^y0 ^y2 ^y1

11 Appointment details

The appointment was made by (Tick one)

☒ Company

☐ Creditors

12 Type of liquidation

Tick to confirm the liquidation type

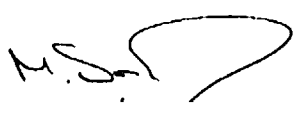
☒ Members

☐ Creditors

13 Sign and date

Liquidator's signature

Signature

X  X

Signature date ^d2 ^d9 ^m0 ^m7 ^y2 ^y0 ^y2 ^y1

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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 **Angus Gillies**

Company name **Macintyre Hudson LLP**

Address **6th Floor**

2 London Wall Place

Post town **London**

County/Region

Postcode **E C 2 Y 5 A U**

Country

DX

Telephone **0207 429 4100**

 **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 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