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



23/07/2022 COMPANIES HOUSE #23

.1	Company details	
Company number	0 2 6 4 1 8 6 5	→ Filling in this form Please complete in typescript or in
Company name in full	B.J. PROPERTY INVESTMENTS LIMITED	bold black capitals.
		_
2	Liquidator's name	
Full forename(s)	GARETH	
Surname	STONES	
3	Liquidator's address	
Building name/number	63	
Street	WALTER ROAD	_
		_
Post town	SWANSEA	,
County/Region		
Postcode	SA14PT	
Country	UK	
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	info@stonesandco.co.uk	telephone number. All information on this form will appear on the public record.
Telephone number	01792 654607	
5	Insolvency practitioner number	
Number	1 9 1 9 0	

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6	Liquidator's name <sup>0</sup>	
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	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
Email address		telephone number. All information on this form will appear on the
Telephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} d & 1 & d & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 \\ 0 & 0 &$	
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	
Signature date	d 2   d 2   m 0   m 7   y 2   y 0   y 2   y 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	LESLEY MCLEOD	
Company name	STONES & CO INSOLVENCY	
	PRACTITIONERS LIMITED	
Address	63 WALTER ROAD	
Post town	SWANSEA	
County/Region		
Postcode	S A 1 4 P T	
Country	UK	
DX		
Telephone	01792 654607	

#### 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