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



se refer to

26/09/2019 **COMPANIES HOUSE**

Company details → Filling in this form Company number 0 3 3 0 8 0 Please complete in typescript or in Company name in full HORIZON LEISURE (SUSSEX) LIMITED bold black capitals. 2 Liquidator's name Full forename(s) **COLIN DAVID** Surname WILSON 3 Liquidator's address Building name/number | 1 Street **RADIAN COURT** KNOWLHILL Post town MILTON KEYNES County/Region Postcode Μ Κ 5 8 Ρ J Country Liquidator's email address or telephone number • • You must give an email address or telephone number, All information Email address on this form will appear on the public record. Telephone number 01908 087220 Insolvency practitioner number Number

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6	Liquidator's name ⁰		
Full forename(s)	STEVEN JOHN	Other Liquidator's details Use this section to tell us about another liquidator.	
Surname	PARKER		
7	Liquidator's address o		
Building name/number	1	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.	
Street	RADIAN COURT		
	KNOWLHILL		
Post town	MILTON KEYNES		
County/Region			
Postcode	MK58PJ		
Country		-	
8	Liquidator's email address or telephone number 🏻	You must give an email address or telephone number. All information on this form will appear on the public record.	
Email address			
Telephone number	01908 087220		
9	Insolvency practitioner number		
Number	8 9 8 9		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$\begin{bmatrix} d \\ 1 \end{bmatrix} \begin{bmatrix} d \\ 9 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 9 \end{bmatrix} \begin{bmatrix} y_2 \\ y_0 \end{bmatrix} \begin{bmatrix} y_1 \\ y_0 \end{bmatrix} \begin{bmatrix} y_1 \\ y_0 \end{bmatrix}$		
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 [
	× Wille.		
Signature date	12 5 6 C 12 10 1 1 C		

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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 guery on the form. The contact information you give will be visible to searchers of the public record. **COLIN DAVID WILSON** OPUS RESTRUCTURING LLP Address 1 RADIAN COURT KNOWLHILL Post town MILTON KEYNES County/Region Postcode М Κ Country 01908 087220 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