

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	3	5	1	6	5	9	2
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Company name in full

Albion Flue Systems Limited

→ **Filling in this form**

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s)

Rob

Surname

Coad

3 Liquidator's address

Building name/number

Orchard St Business Centre

Street

13-14 Orchard Street

Post town

Bristol

County/Region

Postcode

B	S	1		5	E	H	
---	---	---	--	---	---	---	--

Country

United Kingdom

4 Liquidator's email address or telephone number ^①

Email address

rob.coad@undebt.co.uk

Telephone number

0117 376 3523

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

1	1	0	1	0			
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6

Liquidator's name •

Full forename(s)

Sam

Surname

Talby

● Other Liquidator's details

Use this section to tell us about another liquidator

7

Liquidator's address •

Building name/number

Orchard St Business Centre

Street

13-14 Orchard Street

● 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.

Post town

Bristol

County/Region

Postcode

B S 1 5 E H

Country

United Kingdom

8

Liquidator's email address or telephone number •

Email address

sam.talby@undebt.co.uk

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

Telephone number

0117 376 3523

9

Insolvency practitioner number

Number

9 4 0 4

10

Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

2 7 0 6 2 0 2 3


11

Appointment details

The appointment was made (Tick one)

☐ Company

☒ Creditors

12	Type of liquidation	
<div>Tick to confirm the liquidation</div> <div><input type="checkbox"/> Members</div> <div><input checked="" type="checkbox"/> Creditors</div>		
13	Sign and date	
Liquidator's signature	<div>X</div> <div></div> <div>X</div>	
Signature date	<div>Signature</div> <div><div>29</div><div>06</div><div>2023</div></div>	

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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.

Rob Coad

South West and Wales Business Recovery

Orchard St Business Centre

13-14 Orchard Street

Bristol

Postcode

B

S

1

5

E

H

United Kingdom

DX

0117 376 3523



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