In accordance with section 109 of the Insolvency Act 1986

### 600



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

CONESOR



\*A7FS3PE0\* A24 03/10/2018 COMPANIES HOUSE

#341

1	Company details	
Company number	0 3 9 4 8 7 4 2	→ Filling in this form  Please complete in typescript or in bold black capitals.
Company name in full	Marston Hotels Holdings Limited	
2	Liquidator's name	
Full forename(s)	Anthony	
Surname	Hyams	
3	Liquidator's address	-
Building name/number	Insolve Plus Ltd	
Street	4th Floor Allan House	
	10 John Princes Street	
Post town	London	
County/Region		- <del>1</del>
Postcode	W 1 G 0 A H	
Country		
4	Liquidator's email address or telephone number •	You must give an email address or
Email address	tonyhyams@insolveplus.com	telephone number. All information on this form will appear on the public record.
Telephone number	0207 495 2348	
5	Insolvency practitioner number	
Number	9 4 1 3	

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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 <sup>©</sup>	
Building name/numb	er	② Other Liquidator's details
Street		Use this section to tell us about 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 ®	Av
Email address		You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
9	Insolvency practitioner number	<u> </u>
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	<sup>d</sup> 2 <sup>d</sup> 7 <sup>m</sup> 0 <sup>m</sup> 9 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 1 <sup>y</sup> 8	
11	Appointment details	<u> </u>
_	The appointment was made by (Tick one)  Company  Creditors	
12	Type of liquidation	<u></u>
	Tick to confirm the liquidation type  Members  Creditors	
13	Sign and date	
iquidator's signature		×
Signature date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	

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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	Grant Kirkwood
Company name	Insolve Plus Ltd
Address	4th Floor Allan House
10 Johr	Princes Street
Post town	London
County/Region	
Postcode	W 1 G 0 A H
Country	
DX	
Telephone	0207 495 2348

#### ✓ 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