

In accordance with  
section 109 of the  
Insolvency Act 1986

# 600

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



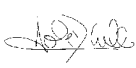
Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

<b>1</b>	<b>Company details</b>	
Company number	04194855	<b>→ Filling in this form</b> Please complete in typescript or in bold black capitals.
Company name in full	Broadlands Partnership Ltd	
<b>2</b>	<b>Liquidator's name</b>	
Full forename(s)	John Dean	
Surname	Cullen	
<b>3</b>	<b>Liquidator's address</b>	
Building name/number	2 Sovereign Quay	
Street	Havannah Street	
Post town	Cardiff	
County/Region		
Postcode	CF105SF	
Country		
<b>4</b>	<b>Liquidator's email address or telephone number <sup>①</sup></b>	<b>①</b> You must give an email address or telephone number. All information on this form will appear on the public record.
Email address		
Telephone number	029 2049 5444	
<b>5</b>	<b>Insolvency practitioner number</b>	
Number	9214	

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

6 Liquidator's name ①	
Full forename(s)	Rachel Helen
Surname	Lai
① Other Liquidator's details Use this section to tell us about another liquidator.	
7 Liquidator's address ②	
Building name/number	2 Sovereign Quay
Street	Havannah Street
Post town	Cardiff
County/Region	
Postcode	C F 1 0 5 S F
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	029 2049 5444
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	1 8 0 1 8
10 Statement of appointment	
I confirm the appointment of the liquidator(s) on	
Date	d 2 5 m 1 1 y 2 0 2 0
11 Appointment details	
The appointment was made by (Tick one) <input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors	
12 Type of liquidation	
Tick to confirm the liquidation type <input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors	
13 Sign and date	
Liquidator's signature	Signature X  X
Signature date	d 3 0 m 1 1 y 2 0 2 0

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

**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	Rhianydd Lloyd
Company name	Menzies LLP
Address	2 Sovereign Quay
	Havannah Street
Post town	Cardiff
County/Region	
Postcode	C F 1 0 5 S F
Country	
DX	DX 200767 Cardiff Bay
Telephone	029 2049 5444

**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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)**

# Continuation page

Name and address of insolvency practitioner

- ✓ **What this form is for**

Use this continuation page to tell us about another insolvency practitioner where more than 2 are already jointly appointed. <sup>①</sup> Attach this to the relevant form. Use extra copies to tell us of additional insolvency practitioners.
- ✗ **What this form is NOT for**

You can't use this continuation page to tell us about an appointment, resignation, removal or vacation of office.
- **Filling in this form**

Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by \*

1

Appointment type

Tick to show the nature of the appointment:

☐ Administrator

☐ Administrative receiver

☐ Receiver

☐ Manager

☐ Nominee

☐ Supervisor

☒ Liquidator

☐ Provisional liquidator

① You can use this continuation page with the following forms:

- VAM1, VAM2, VAM3, VAM4, VAM6, VAM7

- CVA1, CVA3, CVA4

- AM02, AM03, AM04, AM05, AM06, AM07, AM08, AM09, AM10, AM12, AM13, AM14, AM19, AM20, AM21, AM22, AM23, AM24, AM25

- REC1, REC2, REC3

- LIQ2, LIQ3, LIQ05, LIQ13, LIQ14,

- WU07, WU15

- COM1, COM2, COM3, COM4

- NDISC

2

Insolvency practitioner's name

Full forename(s)

Michael

Surname

Pallott

3

Insolvency practitioner's address

Building name/number

Tower Bridge House

Street

Post town

St Katherine's Way

County/Region

London

Postcode

E1W1DD

Country

# Continuation page

Name and address of insolvency practitioner

✓ **What this form is for**  
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- REC1, REC2, REC3

- LIQ2, LIQ3, LIQ05, LIQ13, LIQ14,

- WU07, WU15

- COM1, COM2, COM3, COM4

- NDISC

2

Insolvency practitioner's name

Full forename(s)

Adam

Surname

Harris

3

Insolvency practitioner's address

Building name/number

Tower Bridge House

Street

Post town

St Katherine's Way

County/Region

London

Postcode

E1W1DD

Country