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

For further information, please refer to our guidance at www.gov.uk/companieshouse

Company number O 4 4 6 Company name in full Cleethorpes 20 Liquidator's not all all all all all all all all all al	21 Limited ame	Please complete in typescript or in bold black capitals.
Liquidator's not provided the second	ame	
Full forename(s) Surname Nichols Liquidator's act Building name/number The Chapel Street Bridge Street Post town Driffield County/Region East Yorkshire		
Full forename(s) Surname Nichols Liquidator's act Building name/number The Chapel Street Bridge Street Post town Driffield County/Region East Yorkshire		
Surname Nichols Liquidator's ac Building name/number The Chapel Street Bridge Street Post town Driffield County/Region East Yorkshire		
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Street Bridge Street Post town Driffield County/Region East Yorkshire		_
Post town Driffield County/Region East Yorkshire		_
County/Region East Yorkshire		
County/Region East Yorkshire		
	Driffield	
Postsodo V O O E		
Postcode Y O 2 5	6 D A	
Country United Kingdor	n	
4 Liquidator's e	nail address or telephone number 🍑	• You must give an email address or
Email address	telephone number. All infor on this form will appear on public record.	
Telephone number 01377 257788		
5 Insolvency pr	actitioner number	
Number 9 5 9 1		

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

6	Liquidator's name ⁰		
Full forename(s)	John William	Other Liquidator's details Use this section to tell us about	
Surname	Butler	another liquidator.	
7	Liquidator's address 🛮		
Building name/number	The Chapel	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	Bridge Street		
Post town	Driffield		
County/Region	East Yorkshire		
Postcode	Y O 2 5 6 D A		
Country	United Kingdom		
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	
Email address			
Telephone number	01377 257788 public record.		
9	Insolvency practitioner number		
Number	8 3 6 7		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$\begin{vmatrix} d & d \end{vmatrix}^{1}$		
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 ANK	(
 Signature date	$\begin{bmatrix} 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1$		
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