In accordance with section 109 of the Insolvency Act 1986 600

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



SATURDAY



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A17 24/08/2019
COMPANIES HOUSE

Company details Filling in this form Company number 04481 Please complete in typescript or in bold black capitals. Company name in full THE GREAT LITTLE PUB MANDEMENT COMPANY ~mited Liquidator's name Full forename(s) HELEN Surname WHITEHOUSE Liquidator's address Building name/number Street HELENS ROAD. Post town SWANSET County/Region Postcode Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information Email address halend Mealisterco co uk on this form will appear on the public record. Telephone number 03300 563600. Insolvency practitioner number Number

600

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6	Liquídator's name ⁰	
Full forename(s)	GARETH	Other Liquidator's details
Surname	BISHOP	Use this section to tell us about another liquidator.
7	Liquidator's address ®	
Building name/number	er ,o	Other Liquidator's details
Street	ST HELENS ROD.	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	SWANGEA.	
County/Region		
Postcode	ISAI HAW	
Country		
8	8 Liquidator's email address or telephone number [®] You must give an email	
Email address	gerethanialisterco.co uk.	telephone number. All information on this form will appear on the
Telephone number	03300 563600	public record.
9	Insolvency practitioner number	
Number	17870	
10	Statement of appointment	
·	I confirm the appointment of the liquidator(s) on	
Date	12/3 10/8 10/6 14	
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	
iquidator's signature	Signature X G- (1) Sud.	×
ignature date	1013 58 101/19	

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Country Country Country Country Country Checklist C 3300 S 63000 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.	Presenter information
Address 10 ST HELENS ROAD Post town County/Region Postcode Country CX Telephane C 3300 St 3600. 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 do it will help Companies House if there is a query on the form. The contact information you give will be
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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