In accordance with section 109 of the Insolvency Act 1986

## 600



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

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06/02/2020 COMPANIES HOUSE #217

1	Company details	
Company number	0 5 3 8 2 4 2 8	→ Filling in this form Please complete in typescript or in
Company name in full	Home Fundraising Limited	bold black capitals
2	Liquidator's name	
Full forename(s)	David	
Surname	Birne	
3	Liquidator's address	
Building name/number	Opus Restructuring LLP	
Street	Evergreen House North	
Post town	Grafton Place	
County/Region	London	
Postcode	N W 1 2 D X	
Country		
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	david.bırne@opusllp.com	telephone number. All information on this form will appear on the
Telephone number	020 3326 6454	public record.
5	Insolvency practitioner number	
Number	9 0 3 4	

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	Notice o				of liq	uida	tor	in a	me	mbe	rs' or	credito	ors'	
	voluntai	ry wine	ding	up										
6	Liquida	tor's i	name	•	)								•	
Full forename(s)											-			Other Liquidator's details     Use this section to tell us about another liquidator
Surname	+	•••	-									-		about another inquidator
7	Liquida	tor's a	addre	ess	•							<del></del>		
Building name/number													ľ	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												-		ngaracto.s.
County/Region											-	<del></del>		
Postcode					T									
Country									_					
8	Liquida	tor's	email	addı	ress	or te	lep	hor	ne n	umbe	er	•		
Email address							_							<ul> <li>You must give an email address or telephone number. All information on this form will appear on the</li> </ul>
Telephone number										<u>.                                    </u>				public record.
9	Insolve	ncy p	ractit	ione	r nur	nbei	•							
Number	TT	$\top$				T								
10	Statem						idato	or(s)	on					
Date	<del> </del>	5	1	1		$\neg$	$\neg$	1	9					
11	Appoin	tmen	t deta	ails								<del></del>		
_		npany ditors	t was :	made	by									

	/pe of liquidation	
-		
Z	I Creditors	
Ticl	k to confirm the liquidation type	
13 Si	gn and date	
Liquidator's signature	× 2-1	×
Signature date	Signature 0 2 2 2 0	

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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. Tom Smith **Opus Restructuring LLP Opus Restructuring LLP** Evergreen House North **Grafton Place** London Postcode 2 Χ 1 020 3326 6454 Checklist We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

following:

## 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