In accordance with section 109 of the Insolvency Act 1986

## 600



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

									TUT.	A06	*A83JL9UW* 16/04/2019 #230 COMPANIES HOUSE		
1	Con	Company details								<b>.</b>	- COMPANIES HOUSE		
Company number	0	5	6	6	1	4	9	6	5		→ Filling in this form Please complete in typescript or in		
Company name in full	Int	Intelicoms Limited									bold black capitals.		
2	Liqu	uida	tor'	s na	me								
Full forename(s)	Ste	Stephen											
Surname	Gr	Grant											
3	Liqu	uida	tor's	s ad	dres	s							
Building name/number	2n	2nd Floor Regis House											
Street	45 King William Street												
Post town	Lo	London											
County/Region													
Postcode	E	С	4	R		9	Α	Ν	4				
Country				'	1	1		_	<u> </u>				
4	Liqu	Liquidator's email address or telephone number •								You must give an email address or			
Email address	ste	pher	n.gra	nt@	wilkin		telephone number. All information on this form will appear on the public record.						
Telephone number	02	— 07 40	3 18	377									
5	Ins	olve	ncy	pra	ctiti	onei	nur	mb	per				
Number	0	0	8	9	2	9							

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	Liquid	ato	or's r	name	<u>)</u> 1	•						
Full forename(s)	Anthony										Other Liquidator's details     Use this section to tell us     about another liquidator	
Surname	Cork	Cork										
	Liquid	ato	r's a	ddr	ess ²	•						
Building name/number	2nd	Floo	r Reg	is Ho	use		Other Liquidator's details					
Street	45 Ki	ing \	Willia	m Str		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.						
Post town	Lond	lon										
County/Region												
Postcode	E	С	4	R		9	A		N			
Country		!			l.	<u>I</u>	•					
	Liquid	ato	or's e	mai	l ad	dres	s o	r te	lep	hone number <sub>3</sub>	•	
Email address	anth	ony.	.cork	@will	kinsk	enne		You must give an email address or telephone number. All information on this form will appear on the				
Telephone number	0207	403	3 <b>18</b> 7	7	public record.							
	Insolv	enc	cy pr	actit	ion	er no	ım	ber				
Number	0	0	9	4	0	1						
	Stater	ner	nt of	арр	oint	mer	nt					·
<del>_</del>	l confi	rm t	:he ar	niogo	tmer	t of t	he l	liqui	dat	or(s) on		
Date	1	0	]	0	4		2		$\neg$	1 9		
	Appoi	ntn	nent	det	ails			'				
	(Tick one) ☐ Company ☐ Creditors The appointment was made by											

	Type of liquidation	
	✓ Members	
	□ Creditors	
 	Fick to confirm the liquidation type	
	Sign and date	
Liquidator's signature	$\mathbf{x}$	<u> </u>
Signature date	Signature	

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# 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. Stephen Paul Grant Wilkins Kennedy 2nd Floor Regis House 45 King William Street London Postcode E C 4 R 9 A N DX O207 403 1877 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