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

A770HKDU 08/06/2018 COMPANIES HOUSE

Company details → Filling in this form 5 7 Company number 8 3 6 1 | 7 Please complete in typescript or in Company name in full **BEDS 1ST LIMITED** bold black capitals. Liquidator's name Full forename(s) KIERAN Surname **BOURNE** Liquidator's address Building name/number 5 MERCIA BUSINESS VILLAGE Street TORWOOD CLOSE Post town COVENTRY County/Region WEST MIDLANDS Postcode V | 4 C Н Х 8 Country UK 4 Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** info@cromwellinsolvency.co.uk on this form will appear on the public record. Telephone number 0800 061 4002 Insolvency practitioner number Number

600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up Liquidator's name • Full forename(s) Other Liquidator's details Use this section to tell us about Surname another liquidator. Liquidator's address @ Building name/number Other Liquidator's details Use this section to tell us about Street another liquidator. Use the continuation page to tell us about more than two liquidators. Post town County/Region Postcode Country 8 Liquidator's email address or telephone number 9 9 You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 9 Insolvency practitioner number Number 10 Statement of appointment I confirm the appointment of the liquidator(s) on d_D ^d5 Date O^m <u>"</u>6 ^y2 ^y1 ^y0 ¹/₈ 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 Signature Liquidator's signature X X ^d0 | ^d6 [™]6 ⁹0 ^y8 Signature date

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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.

Contact name	KIERAN BOURNE
Company nam	CROMWELL INSOLVENCY LIMITED
Address	5 MERCIA BUSINESS VILLAGE
TORW	OOD CLOSE
Past town	COVENTRY
County/Region	WEST MIDLANDS
Postcode	C V 4 8 H X
Country	UK
DX	
Telephone	0800 061 4002

✓ 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