In accordance with section 109 of the Insolvency Act 1986

# 600



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



COMPANIES HOUSE

1	Company details	
Company number	0 5 8 9 1 5 1 8	→ Filling in this form Please complete in typescript or in
Company name in full	Tablecrowd Social Ltd	
2	Liquidator's name	
Full forename(s)	Michael	
Surname	Solomons	
3	Liquidator's address	
Building name/number	82 St John Street	
Street		
Post town	London	
County/Region		
Postcode	ECIM 4JN	
Country		
Liquidator's email address or telephone number •		• You must give an email address or
Email address	mike.solomons@bm-advisory.com	telephone number. All information on this form will appear on the public record.
Telephone number	020 7549 8050	
5	Insolvency practitioner number	
Number	9 0 4 3	

600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up Liquidator's name o Full forename(s) Andrew Other Liquidator's details Use this section to tell us about Pear Surname another liquidator. Liquidator's address @ Building name/number | 82 St John Street 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 London County/Region Postcode Ε С 1 Μ 4 Ν Country Liquidator's email address or telephone number 9 9 You must give an email address or telephone number. All information Email address andy.pear@bm-advisory.com on this form will appear on the public record. Telephone number 020 7549 8050 9 Insolvency practitioner number Number 0 1 6 10 Statement of appointment I confirm the appointment of the liquidator(s) on 2 2 2 o 1 Date 17 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

<sup>y</sup>0

X

<sup>d</sup>2

Signature date

X

#### 600

following:

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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 guery on the form. The contact information you give will be visible to searchers of the public record. Contact name Calum Leslie Company name **BM Advisory** Address 82 St John Street Post town London County/Region Postcode Country DX Telephone 020 7549 8050 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.

# Important information

All information on this form will appear on the public record.

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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.

# **f** 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