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

	об A04	21/05/2022 #255 COMPANIES HOUSE		
1	Company details			
Company number	0 5 9 0 0 9 9 0	→ Filling in this form Please complete in typescript or in		
Company name in full	A A Property Ltd	bold black capitals.		
2	Liquidator's name			
Full forename(s)	Nicholas			
Surname	Cusack			
3	Liquidator's address			
Building name/number	5th Floor			
Street	The Union Building			
_				
Post town	51-59 Rose Lane			
County/Region	Norwich			
Postcode	N R 1 1 B Y			
Country				
4_	Liquidator's email address or telephone number •	You must give an email address or		
Email address		telephone number. All information on this form will appear on the public record.		
Telephone number	01603 284284			
5	Insolvency practitioner number			
Number	1 7 4 9 0			

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6	Liq	uida	tor's	na	me	D										
Full forename(s)	Rishi Karia								Other Liquidator's details Use this section to tell us about							
Surname									another liquidator.							
7	Liq	uida	tor's	ad	dre	SS 0			-		-					
Building name/number	er 5th Floor Other Liquidator's detail.								Other Liquidator's details							
Street	The Union Building														Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
Post town	51-59 Rose Lane															
County/Region	Norwich															
Postcode	NR11BY															
Country				-						•	•					
8	Liqu	ıida	tor's	em	ail a	addr	ess c	r te	leph	one	num	ber 🛭			[You must give an email address or
Email address	telephone number. All information on this form will appear on the															
Telephone number	01603 284284 public record.															
9	Ins	olve	ncy	pra	ctiti	one	nur	nber	•							
Number	1	5	8	9	0											
10	Sta	Statement of appointment														
	I confirm the appointment of the liquidator(s) on															•
Date	^d	7		Ö	5		2	ď	2	2						
11	App	ooin	tme	nt d	etai	İs							•			
				ent v	as n	nade t	у									
	(Tick one) ☑ Company															
			ditors						_							
12	Type of liquidation															
	Tick				liqui	datio	type	•							_ [
			mbers ditors													
		CIE	uitois)												
13	Sigı	n an	d da	te							•					
Liquidator's signature	Signa	ture		-											_ [
		KA													X	
	4			_	-	_										
Signature date	^d 1	^d 7		Ö	5		^y 2	y ₀	^y 2	^y 2				_		

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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	Sam Stoupe					
Company name	Parker Andrews Limited					
Address	5th Floor					
	The Union Building					
	_					
Post town	51-59 Rose Lane					
County/Region	Norwich					
Postcode	NR11BY					
Country						
DX						
Telephone	01603 284284					

✓ 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