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





02/10/2018 **COMPANIES HOUSE**

1	Com	ıpa	ny	detai	ls											
Company number	0	6	0	1	9	0	2	7				→ Filling in this form Please complete in typescript or in				
Company name in full	Hilb	Ro	gal	& Ho	bbs	bold black capitals.										
2	Liqu	ida	tor	's na	me											
Full forename(s)	Sea	ın K	(
Surname	Cro	stoi	n													
3	Liquidator's address															
Building name/number	30															
Street	Fins	sbu	ry S	quare)											
									•							
Post town	London										-					
County/Region																
Postcode	EC2P2YU															
Country																
4	Liquidator's email address or telephone number •						ess		• You must give an email address or							
Email address												telephone number. All information on this form will appear on the				
Telephone number	020	71	84 4	1300								public record.				
5	Insc	olve	ency	y pra	ctiti	onei	nui	nber								
Number	8	9	3	0												

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6	Liquidator's name [©]								
Full forename(s)		Other Liquidator's details Use this section to tell us about							
Surname		another liquidator.							
7	Liquidator's address o								
Building name/numbe	Г	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									
County/Region									
Postcode									
Country									
8	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							
Telephone number		public record.							
9	Insolvency practitioner number								
Number									
10	Statement of appointment								
	I confirm the appointment of the liquidator(s) on								
Date	$\begin{bmatrix} ^{d}2 \end{bmatrix} \begin{bmatrix} ^{d}5 \end{bmatrix} \begin{bmatrix} ^{m}0 \end{bmatrix} \begin{bmatrix} ^{m}9 \end{bmatrix} \begin{bmatrix} ^{y}2 \end{bmatrix} \begin{bmatrix} ^{y}0 \end{bmatrix} \begin{bmatrix} ^{y}1 \end{bmatrix} \begin{bmatrix} ^{y}8 \end{bmatrix}$								
11	Appointment details								
	The appointment was made by (Tick one) Classification (Tick one) Classification (Tick one)								
12	Type of liquidation	10000							
	Tick to confirm the liquidation type								
	Members								
	Creditors								
13	Sign and date								
Liquidator's signature	Signature X	×							
Signature date	d 2 d 6								

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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 nam	^c CSG Team
Company na	Grant Thornton UK LLP
Address	30 Finsbury Square
Post town	London
County/Regi	on .
Postcode	E C 2 P 2 Y U
Country	
DX	
Telephone	

✓ 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