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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Con	npan	– ıy	det	ail	s			_		_		
Company number	0	6		2 ()	9	8	4	9				→ Filling in this form
Company name in full	Ad	rienr	<u>'</u> าе	And	ers	 Please complete in typescript or in bold black capitals. 							
2	Liquidator's name												
Full forename(s)	Mark												
Surname	Bowen												-
3	Liqu	idat	.OI	's a	dd	res	s						<u> </u>
Building name/number	11	Rom	ıaı	n Wa	ay I	Bus	ines	s Ce	entre				
Street	Be	rry H	lill										
									_				
Post town	Droitwich Spa												
County/Region	Worcestershire												
Postcode	W R 9 9 A J												
Country								·					
4	Liqu	idat	or	's e	ma	il a	ddr	ess	or te	lephone numb	er •		You must give an email address or
Email address	ma	rk@r	mt	-i.c	.ul	k							telephone number. All information on this form will appear on the public record.
Telephone number	019	905 7	 '7(3771									
5	Inso	lven	1C)	/ pr	act	titic	nei	nu	mber				· · · · · · · · · · · · · · · · · · ·
Number	8	7	1	1	7								
		•		•	•	,		•	•				

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6	Liquidator's name •		
Full forename(s)		Other Liquidator's details	
Surname		Use this section to tell us about another liquidator.	
7	Liquidator's address @		
Building name/numbe	r	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 ⁹	You must give an email address or	
Email address		telephone number. All information 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		
Date	$\begin{bmatrix} d & 0 & d & 5 & \end{bmatrix}$ $\begin{bmatrix} m & 1 & m & 0 & \end{bmatrix}$ $\begin{bmatrix} y_2 & y_0 & y_2 & y_3 & y_3 & y_4 & y_4 & y_5 & $		
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		
iquidator's signature	Signature X		
ignature date	$\begin{bmatrix} d & 1 & \end{bmatrix} \begin{bmatrix} d & 1 & \end{bmatrix} \begin{bmatrix} m & 1 & m & 0 \end{bmatrix} \begin{bmatrix} y_2 & y_0 & y_2 & y_3 \end{bmatrix}$		

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

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 Curtis Roberts Company name MB Insolvency

Address
11 Roman Way Business Centre

Berry Hill

Post town
Droitwich Spa

County/Region
Worcestershire

Postcode
W R 9 9 A J

Country

Telephone

DX

01905 776771

✓ 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