

600

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



Companies House



A8DYYFJ7

A24 14/09/2019 #93

COMPANIES HOUSE

A8D1P7R6

A11 31/08/2019 #161

COMPANIES HOUSE

A8BRR79C

A07 13/08/2019 #105

COMPANIES HOUSE

1 Company details

Company number 0 6 4 3 4 5 2 3

Company name in full 118777 Limited

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Daniel James Mark

Surname Smith

3 Liquidator's address

Building name/number 2

Street Hardman Street

Post town Manchester

County/Region

Postcode M 3 3 H F

Country United Kingdom

4 Liquidator's email address or telephone number ^①

Email address acottingham@deloitte.co.uk

Telephone number +44 (0) 113 292 1417


① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 0 1 2 7 9 2

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6	Liquidator's name *		Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Stephen Roland		
Surname	Browne		Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
7 Liquidator's address *			
Building name/number	1		
Street	New Street Square		
Post town	London		
County/Region			
Postcode	E C 4 A 3 H Q		
Country	United Kingdom		Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
8 Liquidator's email address or telephone number *			
Email address	acottingham@deloitte.co.uk		Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Telephone number	+44 (0) 113 292 1417		
9	Insolvency practitioner number		
Number	0 0 9 2 8 1		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	0 9 0 9 2 0 1 4		
11	Appointment details		
	The appointment was made by (Tick one)		
	<input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature X  X		
Signature date	0 9 0 9 2 0 1 4		

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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 **Andy Cottingham**

Company name **Deloitte LLP**

Address **1 City Square**

Post town **Leeds**

County/Region

Postcode **L S 1 2 A L**

Country **United Kingdom**

DX

Telephone **+44 (0) 113 292 1417**

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

600 - continuation page

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1	Company details	
Company number	<input type="text"/>	
Company name in full	<input type="text"/>	
	<input type="text"/>	
2	Liquidator's name	
Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
3	Liquidator's address	
Building name/number	<input type="text"/>	
Street	<input type="text"/>	
	<input type="text"/>	
Post town	<input type="text"/>	
County/Region	<input type="text"/>	
Postcode	<input type="text"/>	
Country	<input type="text"/>	
4	Liquidator's email address or telephone number	
Email address	<input type="text"/>	● You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number	<input type="text"/>	
5	Insolvency practitioner number	
Insolvency practitioner number	<input type="text"/>	