In accordance with section 109 of the Insolvency Act 1986

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# Companies House

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

13/05/2021 **COMPANIES HOUSE Company details** → Filling in this form Company number 6 8 8 Please complete in typescript or in bold black capitals. Company name in full Folkestone and Dover Orthodontics Limited Liquidator's name Full forename(s) Meghan Surname **Andrews** Liquidator's address Building name/number 2nd Floor Regis House Street 45 King William Street Post town London County/Region Postcode С 4 R 9 Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 0207 403 1877 Insolvency practitioner number Number

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6	Liquidator's name •	•
Full forename(s)	Stephen Paul	Other Liquidator's details Use this section to tell us about
Surname	Grant	another liquidator.
7	Liquidator's address @	
Building name/number	2nd Floor Regis House	Other Liquidator's details
Street	45 King William Street	Use this section to tell us about another liquidator. Use the
		continuation page to tell us about more than two liquidators.
Post town	London	
County/Region		
Postcode	EC4R9AN	
Country		
8	Liquidator's email address or telephone number <sup>©</sup>	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	0207 403 1877	public record.
9	Insolvency practitioner number	
Number	0 0 8 9 2 9	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	$\begin{bmatrix} ^{d}2 \end{bmatrix} \begin{bmatrix} ^{d}8 \end{bmatrix} \begin{bmatrix} ^{m}0 \end{bmatrix} \begin{bmatrix} ^{m}4 \end{bmatrix} \begin{bmatrix} ^{y}2 \end{bmatrix} \begin{bmatrix} ^{y}0 \end{bmatrix} \begin{bmatrix} ^{y}2 \end{bmatrix} \begin{bmatrix} ^{y}1 \end{bmatrix}$	
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	·
Liquidator's signature	Signature	
	x Magadass	X
	I and the second	
Signature date	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	

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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	Meghan Andrews
Company name	Azets Holdings Limited
Address	2nd Floor Regis House
45 King William Street	
Post town	London
County/Region	·
Postcode	E C 4 R 9 A N
Country	
DX	
Telephone	0207 403 1877

#### 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