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

*A74C1Z3

21/04/2018 COMPANIES HOUSE

Company details → Filling in this form Company number 2 4 6 6 6 Please complete in typescript or in bold black capitals. Company name in full ABC Coffee Roasters Ltd Liquidator's name 2 Full forename(s) Paul Michael Surname Davis Liquidator's address 3 Building name/number New Bridge Street House Street 30-34 New Bridge Street Post town County/Region London Postcode C | 4 В Country Liquidator's email address or telephone number • You must give an email address or telephone number. All information Email address paul.davis@mhllp.co.uk on this form will appear on the public record. Telephone number 0207 429 4100 Insolvency practitioner number Number 0 | 5

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6	Liquidator's name [©]						
Fuil forename(s)	Frederick Charles	Other Liquidator's details Use this section to tell us about					
Surname	Satow	another liquidator					
7	Liquidator's address [®]						
Building name/numbe	New Bridge Street House	②Other Liquidator's details					
Street	30-34 New Bridge 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	London						
Postcode	EC4V6BJ						
Country							
8	Liquidator's email address or telephone number 9	You must give an email address or					
Email address	fred.satow@mhllp.co.uk	telephone number. All information on this form will appear on the					
Telephone number	0207 429 4100	public record.					
9	Insolvency practitioner number	,					
Number	8 3 2 6						
10	Statement of appointment						
	I confirm the appointment of the liquidator(s) on						
Date	d 1 d 2 d 2 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4						
11	Appointment details						
	The appointment was made by (Tick one) Company						
	☑ Creditors						
12	Type of liquidation						
	Tick to confirm the liquidation type						
	☐ Members☐ Creditors						
	a creators						
13	Sign and date						
Liquidator's signature	Signature X	×					
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Presenter information

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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								_	
Company name									
Address									
								_	
Post town								_	
County/Region									
Postcode								_	
Country								_	
DX									
Telephone								_	
✓ Checklis								_	
We may return forms completed incorrectly or with information missing.									

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

following:

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.

7 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