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 u

Companies House

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12/04/2018 COMPANIES HOUSE

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

1	Company details	
Company number	0 6 7 2 1 1 9 1	→ Filling in this form
Company name in full	FLEXYFOOT LIMITED	Please complete in typescript or in bold black capitals.
2	Liquidator's name	'
Full forename(s)	MANUBHAI GOVINDBHAI	
Surname	MISTRY	
3	Liquidator's address	<u> </u>
Building name/number	HORSFIELDS	
Street	BELGRAVE PLACE	
	8 MANCHESTER ROAD	
Post town	BURY	
County/Region	LANCASHIRE	
Postcode	B L 9 0 E D	
Country	ENGLAND	
4	Liquidator's email address or telephone number   Or You must give an email address  Or You must give an email address	
Email address	INFO@HORSFIELDS.COM	telephone number. All information on this form will appear on the
Telephone number	0161 763 3183	public record.
5	Insolvency practitioner number	
Number	7 7 8 7	

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Surname MISTRY Use this section to another liquidator.  The section to the another liquidator.  Surname HORSFIELDS  Street BELGRAVE PLACE  Use this section to the another liquidator.  Use this section to the another liquidator. Use this section to the another liquidator. Use this section to the another liquidator. Use this section to the another liquidator. Use this section to the another liquidator. Use this section to the another liquidator. Use this section to the another liquidator. Use this section to the another liquidator.	
MISTRY  Liquidator's address   Building name/number   HORSFIELDS   BELGRAVE PLACE   S MANCHESTER ROAD   Post town   BURY   Country/Region   LANCASHIRE   Postcode   B   L   9   0   E   D   Country   ENGLAND    Building name/number   To   To   Insolvency practitioner number   It   0   7   7   0   Date   70   4   70   74   72   70   74   78   Appointment details   The appointment details   The appointment details   The proportions   Tick to confirm the liquidation type   Members   Mem	Other Liquidator's details Use this section to tell us about another liquidator.
Building name/number   HORSFIELDS   Street   BELGRAVE PLACE   8 MANCHESTER ROAD   Post town   BURY   County/Region   LANCASHIRE   Postcode   B   L   9   0   E   D    Country   ENGLAND    S	
Street  BELGRAVE PLACE  8 MANCHESTER ROAD  Post town  BURY  County/Region  LANCASHIRE  Postcode  B   L   9   0   E   D    Country  ENGLAND  8 Liquidator's email address or telephone number •  Email address  INFO@HORSFIELDS.COM  Telephone number  1   0   7   7   0    10 Statement of appointment  I confirm the appointment of the liquidator(s) on  Date  8   0   4   70   74   72   70   74   78    Appointment details  The appointment was made by (Tick one)  2   Company  3   Creditors  13   Sign and date  Liquidator's signature    Signard adate   Signature   Signatu	
Street  BELGRAVE PLACE  8 MANCHESTER ROAD  Post town  BURY  County/Region  LANCASHIRE  Postcode  B L 9 0 E D  Country  ENGLAND  Sign and date  Source from two liquidator or continuation page to more than two liquidator or continuation page to more than two liquid another liquidator of the liquidators or telephone number   1 0 7 7 0	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 MANCHESTER ROAD   BURY	
Country/Region   LANCASHIRE   Postcode   B   L   9   0   E   D    8	
Postcode  B L 9 0 E D  Country ENGLAND  8 Liquidator's email address or telephone number  Email address INFO@HORSFIELDS.COM  Telephone number 0161 763 3183  9 Insolvency practitioner number  Number 1 0 7 7 0	
ENGLAND   Statement of the liquidator(s) on   Date   G   G   G   G   G   G   G   G   G	
Email address   INFO@HORSFIELDS.COM   INFO@HORSFIELDS.COM   Insolvency practitioner number   I   O   T   T   O   Insolvency practitioner number   I   I   I   I   I   I   I   I   I	
Email address INFO@HORSFIELDS.COM telephone number O161 763 3183 to this form will app public record.    Insolvency practitioner number   1	
Telephone number  INFO@HORSFIELDS.COM  Telephone number  O161 763 3183  Public record.  Insolvency practitioner number  Number  I O 7 7 0	ail address or
Telephone number    Old 1 763 3183   Public record.	Il information
Number  1 0 7 7 0  Statement of appointment    confirm the appointment of the liquidator(s) on  Date    do   d   d   d   d   d   d   d   d   d	
Statement of appointment    I confirm the appointment of the liquidator(s) on     Date	
Date   I confirm the appointment of the liquidator(s) on     Date   I o o o o o o o o o o o o o o o o o o	
Date    d	
Appointment details  The appointment was made by (Tick one) Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature	•
The appointment was made by (Tick one)  Company Creditors  Type of liquidation  Tick to confirm the liquidation type  Members Creditors  Sign and date  Liquidator's signature	
(Tick one) Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature	
Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature	
Type of liquidation  Tick to confirm the liquidation type  Members Creditors  Sign and date  Liquidator's signature	
Tick to confirm the liquidation type  ☐ Members ☐ Creditors  Sign and date  Liquidator's signature  Signature  Signature	
Members  Creditors  Sign and date  Liquidator's signature	
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Signature date d 1 d 1 m0 m4 y2 y0 y1 y8	

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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	Hemal Mistry	
Company name	Horsfields	
ı		
Address	Belgrave Place	
8 Manchester Road		
Past town	Bury	
County/Region	Lancashire	
Postcode	B L 9 0 E D	
Country	England	
DX		
Telephone	0161 763 3183	

# 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