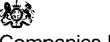
In accordance with section 109 of the Insolvency Act 1986

Number

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

Companies House



ase refer to

#87

17/02/2018 A08 COMPANIES HOUSE

Company details → Filling in this form Company number 6 7 2 3 3 Please complete in typescript or in Company name in full **BUTTERCUP BAZAAR LIMITED** bold black capitals. Liquidator's name Full forename(s) ROBERT CUNDY Surname Liquidator's address Building name/number | HAYES HOUSE Street **6 HAYES ROAD BROMLEY** Post town **KENT** County/Region Postcode R 2 Α Country Liquidator's email address or telephone number • 1 You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 02083157430 Insolvency practitioner number

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

6	Liquidator's name ¹⁰			
Full forename(s)		Other Liquidator's details Use this section to tell us about		
Surname		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		
Telephone number		public record.		
9	Insolvency practitioner number			
Number				
10	Statement of appointment			
	I confirm the appointment of the liquidator(s) on			
Date	$\begin{bmatrix} d & d & d & d \end{bmatrix}$ $\begin{bmatrix} m & m & m & d \end{bmatrix}$ $\begin{bmatrix} m & m & d \end{bmatrix}$ $\begin{bmatrix} m & d & d & d \end{bmatrix}$ $\begin{bmatrix} m & d & d & d \end{bmatrix}$ $\begin{bmatrix} m & d & d & d & d \end{bmatrix}$ $\begin{bmatrix} m & d & d & d & d & d \\ 0 & d & d & d & d & d \\ \end{bmatrix}$			
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	×		
Signature date	d 1 d 6 m 2 y 2 y 0 y 1 y 8			

600

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

<u> </u>	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						
Company name						
Address						
			<u>.</u>			
Post town	 					
County/Region						
Postcode						
Country	 	· · ·		·	<u> </u>	
DX						
Telephone						

✓ 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.

i 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

In accordance with section 109 of the Insolvency Act 1986.

600 - continuation page
Notice of appointment of liquidator in a members' or creditors' voluntary winding up

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Company number			l	\					
Company name in full]								
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Full forename(s)									
Surname									
3	Liqu	idato	or's	addr	ess			<u> </u>	
Building name/number									
Street	<u> </u>								
	<u></u>								
Post town	 -								
County/Region	 							}	
Postcode	<u>-</u>					-[
Country	-{- <u>-</u>		!						
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4	Liqu	luate	or s	emai	lauc	11622	or telephone number •		You must give an email address or
Email address	<u> </u>								telephone number. All information
Telephone number	ļ							Ì	on this form will appear on the public record.
5	Inso	lven	су р	racti	tione	er nu	mber		
Insolvency practitioner			[ĺ	
number		•	,	,	,	·	'	·	
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