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



Companies House

FRIDAY



A36 *A7L9DE94* 21/12/2018 #390
COMPANIES HOUSE

to

1 Company details

Company number 0 6 9 2 3 1 1 4

Company name in full Debt SOS Ltd

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

2 Liquidator's name

Full forename(s) Jonathan E

Surname Avery-Gee

3 Liquidator's address

Building name/number c/o CG & CO, Greg's Building

Street 1 Booth Street

Post town Manchester

County/Region

Postcode M 2 4 D U

Country United Kingdom

4 Liquidator's email address or telephone number ^①

Email address jag@cg-recovery.com

Telephone number 0161 358 0210


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 1 5 4 9

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6	Liquidator's name^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	Stephen L		
Surname	Conn		
7	Liquidator's address^②		② 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.
Building name/number	c/o CG&CO, Greg's Building		
Street	1 Booth Street		
Post town	Manchester		
County/Region			
Postcode	M 2 4 D U		
Country	United Kingdom		
8	Liquidator's email address or telephone number^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	stephen.conn@cg-recovery.com		
Telephone number	0161 358 0210		
9	Insolvency practitioner number		
Number	1 7 6 2		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 9 m 1 2 y 2 0 y 1 8		
11	Appointment details		
	The appointment was made by (Tick one)		
	<input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature X  X		
Signature date	d 2 0 m 1 2 y 2 0 y 1 8		

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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	S Mason
Company name	CG & CO
Address	Greg's Building 1 Booth St
Post town	Manchester
County/Region	
Postcode	M2 4DU
Country	UK
DX	
Telephone	0161 358 0210



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