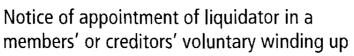
In accordance with section 109 of the Insolvency Act 1986

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THURSDAY



A30 19/12/2019 COMPANIES HOUSE

#438

1	Company details		
Company number	0 6 9 7 2 0 6 6	→ Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full	Assured Care Surrey Ltd		
2	Liquidator's name		
Full forename(s)	Andrew John		
Surname	Whelan		
3	Liquidator's address		
Building name/number	Unit 2 Spinnaker Court		
Street	1C Becketts Place		
Post town	Hampton Wick		
County/Region	Kingston upon Thames		
Postcode	KT14EQ		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address o	
Email address	insolvency@wsm.co.uk	telephone number. All informatio on this form will appear on the public record.	
Telephone number	020 8939 8240		
5	Insolvency practitioner number		
Number	8 7 2 6		

Notice of appointment of liquidator in a members' or creditors' voluntary winding up Liquidator's name • Other Liquidator's details Full forename(s) Use this section to tell us about Surname another liquidator. Liquidator's address @ Building name/number Other Liquidator's details Use this section to tell us about Street 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 telephone number. All information Email address on this form will appear on the public record, Telephone number Insolvency practitioner number Number 10 Statement of appointment I confirm the appointment of the liquidator(s) on 6 ^y1 Date ď 9 Appointment details The appointment was made by (Tick one) ☑ Company □ Creditors Type of liquidation Tick to confirm the liquidation type Members □ Creditors 13 Sign and date Signature Liquidator's signature X X ^d1 1 9 2 Signature date ^y2 ľO ໍ6

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

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	WSM Marks Bloom LLP	
Address	Unit 2 Spinnaker Court	
	1C Becketts Place	
Post town	Hampton Wick	
County/Region	Kingston upon Thames	
Postcode	K T 1 4 E Q	
Country		
DX		
Telephone	020 8939 8240	

✓ 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