In accordance with section 109 of the Insolvency Act 1986

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Companies House

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

FRIDAY



A8JQDJ5V 06/12/2019 COMPANIES HOUSE

#153

1	Company details	
Company number	0 7 0 2 8 7 3 9	Filling in this form Please complete in typescript or in
Company name in full	ANGUS MCINDOE LIMITED	bold black capitals.
2	Liquidator's name	
Full forename(s)	Brian	
Surname	Johnson	
3	Liquidator's address	
Building name/number	Quadrant House	
Street	4 Thomas More Square	
Post town	London	
County/Region	England	
Postcode	E 1 W 1 Y W	
Country		
4	Liquidator's email address or telephone number ⁹	• You must give an email address or
Email address	b.johnson@uhy-uk.com	telephone number. All information on this form will appear on the
Telephone number	020 7216 4600	public record.
5	Insolvency practitioner number	
Number	9 2 8 8	

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

	Linusi					•									
6	Liqui	luati)	name	е										
Full forename(s)	Pet	er													Other liquidator's details Use this section to tell us about another liquidator
Surname	Kut	oik													
7	Liqui	idato	or's a	addr	ess	•			-						
Building name/number	Qu	adrar	nt Ho	use							·				Other Liquidator's details
Street	4 T	homa	as Mo	ore Sq	uare _			·- <u></u>							Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	Lor	idon													quouses
County/Region									•						
Postcode	E	1	w	<u> </u>	1	Υ	W								
Country		1	1	<u>.</u>	اا		<u>. </u>	<u> </u>	J						
8	Liqui	date	or's (emai	l add	ires	s or	tele	pho	ne n	umbe	er			
Email address	p.k	p.kubik@uhy-uk.com										You must give an email address or telephone number. All information on this form will appear on the			
Telephone number	020	721	6 460	0	*										public record.
9	Insol	ven	су рі	acti	tione	r nı	ımb	er							
Number	9	2	2	0											
10	State	mei	nt of	арр	oint	men	t			٠					
	l con	firm t	he ap	poin	tment	t of t	he liq	luida	tor(s) on				į	
Date	2	8		1	1		2	0	1	9					
11	Appo	ointr	nent	det	ails										
		Comp Credit	ors			L									
	The ap	point	ment	. was	made	DУ									

12	Type of liquidation		
	[] Members		
	{ } Creditors		
13	Tick to confirm the liquidation type Sign and date		W
Liquidator's signature	X 3 3. M.	×	v -
Signature date	Signature 0 5 1 2 2 0 1 9	ı	

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following:

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Peter Kubik								
UHY Hacker Yo	gnuc	LLP						
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4 Thomas Mo	ore So	quare	2					
London								
Postcode	E	1	w		1	Υ	w	
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Checklis	t							
We may retur with informat			•	ted	inco	orrec	tly or	
Please make	Sure	VOII	have			erer	l the	

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