

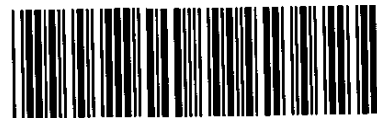
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Notice of appointment of liquidator in a
members' or creditors' voluntary winding up



Companies House

SATURDAY



A21 *A7HWN17* 03/11/2018 #196
COMPANIES HOUSE

1	Company details	→ Filling in this form Please complete in typescript or in bold black capitals.
Company number	0 7 0 5 3 0 2 0	
Company name in full	Luv Luv Luv Records Limited	
2 Liquidator's name		
Full forename(s)	Michael Colin John	
Surname	Sanders	
3 Liquidator's address		
Building name/number	New Bridge Street House	
Street	30 - 34 New Bridge Street	
Post town	London	
County/Region		
Postcode	E C 4 V 6 B J	
Country		
4 Liquidator's email address or telephone number ^①		① You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	mick.sanders@mhlp.co.uk	
Telephone number	0207 429 4100	
5 Insolvency practitioner number		
Number	8 6 9 8	

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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)	Georgina Marie		
Surname	Eason		
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	New Bridge Street House		
Street	30 - 34 New Bridge Street		
Post town	London		
County/Region			
Postcode	E C 4 V 6 B J		
Country			
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	Georgina.eason@mhllp.co.uk		
Telephone number	0207 429 4100		
9	Insolvency practitioner number		
Number	9 6 8 8		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	2 6 1 0 2 0 1 8		
11	Appointment details		
	The appointment was made by (Tick one)		
	<input checked="" type="checkbox"/> Company		
	<input type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input checked="" type="checkbox"/> Members		
	<input type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature X M. Sandhu X		
Signature date	2 6 1 0 2 0 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	Michael Colin John Sanders
Company name	MacIntyre Hudson LLP
Address	New Bridge Street House 30 - 34 New Bridge Street
Post town	London
County/Region	
Postcode	E C 4 V 6 B J
Country	
DX	
Telephone	0207 429 4100



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