In accordance with section 109 of the Insolvency Act 1986

600



Companies House

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

SATURDAY



A22 19/05/2018 COMPANIES HOUSE

#5

| 1 | Company details | |
|--|--|--|
| Company number | 0 7 0 7 3 8 1 2 | → Filling in this form Please complete in typescript or in bold black capitals. |
| Company name in full | C & C Kitchen, Bathroom & Bedrooms Limited | |
| | | |
| 2 | Liquidator's name | |
| Full forename(s) | Charles Howard | |
| Surname | Ranby-Gorwood | |
| 3 | Liquidator's address | |
| Building name/number | Alexandra Dock Business Centre | |
| Street | Fisherman's Wharf | |
| | | |
| Post town | Grimsby | |
| County/Region | | |
| Postcode | D N 3 1 1 U L | |
| Country | | |
| 4 Liquidator's email address or telephone number • | | • You must give an email address or |
| Email address | Charles@crginsolvency.co.uk | telephone number. All information on this form will appear on the public record. |
| Telephone number | 01472 250001 | |
| 5 | Insolvency practitioner number | |
| Number | 9 1 2 9 | |
| | 1 - 1 - 1 - 1 - 1 - 1 - 1 | |

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

| 6 | Liquidator's name • | | |
|------------------------|---|---|--|
| Full forename(s) | | Other Liquidator's details | |
| Surname | | Use this section to tell us about another liquidator. | |
| 7 | Liquidator's address o | <u> </u> | |
| Building name/number | | 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 🔮 | 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 | 1 8 0 5 2 0 1 8 | | |
| 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 X | × | |
| Signature date | $\begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 8 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 5 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 8 \end{bmatrix}$ | | |