In accordance with section 109 of the Insolvency Act 1986

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

FRIDAY



A31 20/04/2018
COMPANIES HOUSE

#51

1	Company details					
Company number	0 7 0 9 9 3 7 3	→ Filling in this form Please complete in typescript or in				
Company name in full	Supreme Productions Inc. Limited	bold black capitals.				
2	Liquidator's name					
Full forename(s)	Anthony Harry					
Surname	Hyams					
3	Liquidator's address					
Building name/number	4th Floor Allan House					
Street	10 John Princes Street					
Post town	London					
County/Region						
Postcode	W 1 G O A H					
Country	United Kingdom					
4	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	020 7495 2348	public record.				
5	Insolvency practitioner number					
Number	9 4 1 3					

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6	Liquida	ator's	nan	ne 🕶										•••					
Full forename(s)										Other Liquidator's details									
Surname										Use this section to tell us about another liquidator.									
7	Liquid	ator's	s add	ress	0														
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	<u> </u>			_															
Postcode	\vdash																		
Country		'	'	<u> </u>	'														
8	Liquida	ator's	ema	ail ac	ldres	s o	r tele	epho	one i	numb	er 🔨			You must give an email address or					
Email address								•						telephone number. All informatio					
Telephone number	-					_							on this form will appear on the public record.						
9	Insolv	encv	prac	titio	ner r	nun	ber						'						
Number		-j	<u>.</u>																
10	Staten	Statement of appointment																	
		I confirm the appointment of the liquidator(s) on																	
Date	^d 1 ^d 3	_	"o	^m 4		^y 2	^y 0	^y 1	^y 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 a	nd da	ate																
Liquidator's signature	Signature X																		
Signature date	d 1 d 7	-	^m o	^m 4	\bigcup	^y 2	y ₀	^y 1	У 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	Anthony Hyams								
Company name	Inso	ive F	lus	Ltd					
4th Floor Allan House									
10 Johr	Prin	ces	Stre	et					
Post town									
County/Region	Long	lon							
Postcode		W	1	G	0	A	-		
Country	United Kingdom								
DX			·						
Telephone	020	7495	23	48					

✓ 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.

f 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