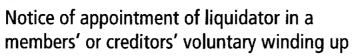
In accordance with section 109 of the Insolvency Act 1986

600





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A08 03/03/2020 COMPANIES HOUSE

#65

1	Company details		
Company number	0 7 1 9 8 2 0 4	Filling in this form     Please complete in typescript or in bold black capitals.	
Company name in full	PDS Dental Laboratory Leeds Limited		
2	Liquidator's name	· · · · · ·	
Full forename(s)	Alan J		
Surname	Clark	<u> </u>	
3	Liquidator's address		
Building name/number	Recovery House		
Street	15-17 Roebuck Road		
Post town	Hainault Business Park		
County/Region	Ilford, Essex		
Postcode	I G 6 3 T U		
Country			
4	Liquidator's email address or telephone number •	You must give an email address or telephone number, All information on this form will appear on the	
Email address			
Telephone number	020 8524 1447	public record.	
5	Insolvency practitioner number		
Number	8 7 6 0		

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

Post town  County/Region  Postcode  Country   Liquidator's email address or telephone number Parall address  Email address  Insolvency practitioner number  Insolvency practitioner number  It confirm the appointment of the liquidator(s) on  Date 2 8 0 2 2 0 2 70  Appointment details  The appointment was made by (Tick one)  Company Creditors  Tope of liquidation  Tick to confirm the liquidation type  Members  Creditors  Creditors  Topic of liquidation  Tick to confirm the liquidation type  Members  Creditors  Topic of liquidation  Tick to son firm the liquidation type  Members  Creditors  Topic of liquidation  Tick to son firm the liquidation type  Members  Creditors  Topic of liquidation  Tick to son firm the liquidation type  Members  Creditors  Topic of liquidation  Tick to son firm the liquidation type  Members  Creditors  Topic of liquidation  Tick to son firm the liquidation type  Members  Creditors  Topic of liquidation  Tick to son firm the liquidation type  Members  Creditors  Topic of liquidation  Tick to son firm the liquidation type  Members  Creditors  Topic of liquidation  Tick to son firm the liquidation type  Members  Creditors	6	Liquidator's name <sup>©</sup>	
Surrame   Surr	Full forename(s)		Other Liquidator's details
Building name/number  Street  Street    Post town	Surname		
Street    Dust time section to tell us along the continuation page to tell us along more than two liquidators.    Post town	7	Liquidator's address •	
Street    Country/Region   Country/Region   Postcode   Country	Building name/number		
Country  8 Liquidator's email address or telephone number • Email address Telephone number  9 Insolvency practitioner number Number 10 Statement of appointment 1 confirm the appointment of the liquidator(s) on Date 9 8 8 0 2 2 0 2 0  11 Appointment details The appointment was made by (Tick one)    Company   Creditors	Street		another liquidator. Use the continuation page to tell us about
Postcode Country  8 Liquidator's email address or telephone number  Email address    Semail address	Post town		
Liquidator's email address or telephone number   Pour must give an email address	County/Region		_
Email address    Title   Title	Postcode		
Email address Telephone number    Insolvency practitioner number	Country		-
Elephone number   Telephone number   Telephone number   Telephone number   Telephone number   Telephone number	8	Liquidator's email address or telephone number ©	You must give an email address or
Insolvency practitioner number	Email address		telephone number. All information
Number    Statement of appointment   I confirm the appointment of the liquidator(s) on	Telephone number		
Statement of appointment    I confirm the appointment of the liquidator(s) on   Date	9	Insolvency practitioner number	
I confirm the appointment of the liquidator(s) on     Date   d	Number		
Date    d   8   0   2   7   7   7   7   7   7   7   7   7	10	Statement of appointment	
Appointment details  The appointment was made by (Tick one)  Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature  Signature  X  Au Cland  X		<u> </u>	
The appointment was made by (Tick one)  ☐ Company ☐ Creditors  Type of liquidation  Tick to confirm the liquidation type ☐ Members ☐ Creditors  Sign and date  Liquidator's signature  X  Au Clank  X	Date	2 8 0 2 0 2 0	
(Tick one)  ☐ Company ☐ Creditors  Type of liquidation  Tick to confirm the liquidation type ☐ Members ☐ Creditors  Sign and date  Liquidator's signature  X  Au Clack  X	11	Appointment details	
☐ Company ☐ Creditors  12 Type of liquidation ☐ Tick to confirm the liquidation type ☐ Members ☐ Creditors ☐ Creditors ☐ Wignature ☐ Signature ☐ X  Au Clack ☐ X			_
Type of liquidation  Tick to confirm the liquidation type  Members  Creditors  Sign and date  Liquidator's signature  X  Au Clash  Tick to confirm the liquidation type  Members  When the liquidation type  When the liquidation t			
Tick to confirm the liquidation type  ☐ Members ☐ Creditors  Sign and date  Liquidator's signature  X  Au Clark  X			
☐ Members ☐ Creditors  Sign and date  Liquidator's signature  X  Au Clark  X	12	Type of liquidation	
Sign and date  Liquidator's signature  Signature  X  Au Clark  X		Tick to confirm the liquidation type	
Sign and date  Liquidator's signature  X  Ah Clark  X			
Liquidator's signature  X  Ah Clark		✓ Creditors	
* Ah Clark *	13	Sign and date	
Ah Clark	Liquidator's signature	Signature	_
		* Ah Clark	<b>&lt;</b>
Signature date   "0   "2   "0   "3     <sup>y</sup> 2   <sup>y</sup> 0   <sup>y</sup> 2   <sup>y</sup> 0	Signature date	d         0	