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

29/06/2018 COMPANIES HOUSE

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Company number	ᆜ	7	2	0	3	7	6	5			→ Filling in this form Please complete in typescript or in
Company name in full	Morning Lane Associates Ltd				bold black capitals.						
						•					
2	Liqu	ida	torʻ	s na	me						
Full forename(s)	Bija	al									
Surname	Sha	ah	7				· <u>-</u>				
3	Liqu	ida	tor'	s ad	dres	s _					
Building name/number	27	Chu	rch S	treet	;						
Street	_							_			
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Post town	Ric	kma	nswo	orth	·		_				
County/Region	Her	tfor	dshir	e	-						
Postcode	8	D	3		1	D	Ε			·	
Country			•			·					
4	Liqu	ida	tor'	s em	iail a	ddr	ess (or t	el	ephone number •	● You must give an email address or
Email address	bija	bijal.shah@edgerecovery.com			telephone number. All information on this form will appear on the						
Telephone number	+44 (0)1923 776 223 public record.										
5	Inso	lve	ncy	pra	ctitic	oner	nur	nbe	er		
Number	8	7	1	7							

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6	Liquida	ator's i	name	e •						<u> </u>		
Full forename(s)				· -								Other Liquidator's details Use this section to tell us about another liquidator
Surname								•				i ·
7	Liquida	ator's a	ddr	ess	•							
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										<u></u>		
County/Region					_			-				
Postcode	\top	T										
Country	ii		L	<u> </u>			<u> </u>		-			
8	Liquida	tor's e	mai	l addr	955 0	r tolo	nhon	o n	umher	•		-
	Liquide		aı	· aaai			P11011					
Email address											···	 You must give an email address or telephone number. All information on this form will appear on the
Telephone number		·							-			public record.
9	Insolve	ency pi	acti	tioner	num	ber						
Number]					
10	Staten	nent of	app	ointm	ent							
	1		•								ſ	
	t confir	m the a _l	nnoin	tment (of the	liquida	itor(s)	on				
Date		5	0	6	2			8			,	
11	Appoir						i					
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	(Tick one	<u>e)</u>										
	Co											
		ditors										
	The appo		t was	made l	by						·	

12	Type of liquidation	
	Members	
	☐ Creditors	
	Tick to confirm the liquidation type	
13	Sign and date	
Liquidator's signature	× Bu	
Signature date	Signature	

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Present	er information
you do it will he on the form. Th	re to give any contact information, but if elp Companies House if there is a query ne contact information you give will be hers of the public record.
Bijal Shah	
Edge Recovery	y Limited
27 Church Str	reet
Rickmanswort	th
Hertfordshire	2
Postcode	W D 3 1 D E
DX	
+44 (0)1923 7	776 223
✓ Checklis	st
We may retur	rn forms completed incorrectly or tion missing.
Please make following:	sure you have remembered the
	any name and number match the on held on the public Register.
_	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