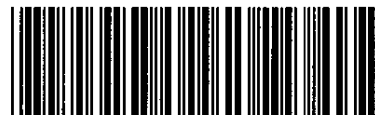


600

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



Companies House



A09 \*A7Z2LU0Q\* 11/02/2019 #316  
COMPANIES HOUSE

A07 \*A7WDJG4X\* 03/01/2019 #183  
COMPANIES HOUSE

THURSDAY MONDAY

**1** Company details

Company number 0 7 2 2 5 9 7 7

Company name in full ESPARTACO GP LIMITED

→ Filling in this form  
Please complete in typescript or in  
bold black capitals

**2** Liquidator's name

Full forename(s) MARK

Surname SUPPERSTONE

**3** Liquidator's address

Building name/number 22 YORK BUILDINGS

Street JOHN ADAM STREET

Post town LONDON

County/Region

Postcode W C 2 N 6 J U

Country

**4** Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 020 7702 9775

① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

**5** Insolvency practitioner number

Number 9 7 3 4

600

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

## 6 Liquidator's name <sup>①</sup>

Full forename(s)

Surname

### ① Other Liquidator's details

Use this section to tell us about another liquidator

## 7 Liquidator's address <sup>②</sup>

Building name/number

Street

Post town

County/Region

Postcode

Country

### 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.

## 8 Liquidator's email address or telephone number <sup>③</sup>

Email address

Telephone number

③ You must give an email address or telephone number. All information on this form will appear on the public record.

## 9 Insolvency practitioner number

Number

## 10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d 06 29 m 11 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 and date

Liquidator's signature

Signature

X



X

Signature date

d 1 3 m 1 2 y 2 0 y 1 8

600

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

Company name

ReSolve Advisory Limited

Address

22 York Buildings

John Adam Street

Post town

London

County/Region

Postcode

W

C

2

N

6

J

U

Country

DX

Telephone

**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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)