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



Companies House

TUESDAY



A23 *A831QNHV* #311
09/04/2019
COMPANIES HOUSE

1 Company details

Company number 0 7 4 2 2 2 6 6

Company name in full VALHALLA MEDICS LIMITED

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

2 Liquidator's name

Full forename(s) SITUL DEVJI

Surname RATHATHA

3 Liquidator's address

Building name/number 38

Street DE MONTFORT STREET

Post town LEICESTER

County/Region

Postcode L E 1 7 G S

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 0116 2994745


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 0 8 9 2 7

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6	Liquidator's name^①	
Full forename(s)	DEVIESH RAMESH	
Surname	RAKUNDALIA	
	① Other Liquidator's details Use this section to tell us about another liquidator.	
7	Liquidator's address^②	
Building name/number	38	
Street	DE MONTFORT STREET	
Post town	LEICESTER	
County/Region		
Postcode	L E 1 7 G S	
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^③	
Email address		
Telephone number	0116 2994745	
	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	1 3 8 9 0	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	d ⁰ d ¹ m ⁰ m ⁴ y ² y ⁰ y ¹ y ⁹	
11	Appointment details	
	The appointment was made by (Tick one)	
	<input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors	
12	Type of liquidation	
	Tick to confirm the liquidation type	
	<input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors	
13	Sign and date	
Liquidator's signature	Signature X  X	
Signature date	d ⁰ d ² m ⁰ m ⁴ y ² y ⁰ y ¹ y ⁹	

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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 **Donna Brown**

Company name **Springfields Advisory LLP**

Address **38 De Montfort Street**

Post town **Leicester**

County/Region

Postcode

L

E

1

7

G

S

Country

DX

Telephone **0116 2994745**



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 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