

600

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



Companies House

SATURDAY



A12

AA6HW3UG

12/06/2021

#96

COMPANIES HOUSE

1 Company details

Company number 0 7 4 5 1 2 7 8

Company name in full ATLAS AV LIMITED

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

2 Liquidator's name

Full forename(s) GARETH

Surname STONES

3 Liquidator's address

Building name/number 63

Street WALTER ROAD

Post town SWANSEA

County/Region

Postcode S A 1 4 P T

Country UK

4 Liquidator's email address or telephone number ^①

Email address info@stonesandco.co.uk

Telephone number 01792 654607

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 1 9 1 9 0

600

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6 Liquidator's name^①

Full forename(s)

Surname

① Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address^②

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^③

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	1	d	0	m	0	m	6	y	2	y	0	y	2	y	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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	d	1	m	0	m	6	y	2	y	0	y	2	y	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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 **LESLEY MCLEOD**

Company name **STONES & CO INSOLVENCY**

PRACTITIONERS LIMITED

Address **63 WALTER ROAD**

Post town **SWANSEA**

County/Region

Postcode **S A 1 4 P T**

Country **UK**

DX

Telephone **01792 654607**

**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