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

THURSDAY



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20/12/2018

#191

COMPANIES HOUSE

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1 Company details

Company number 0 7 5 4 3 3 0 5
Company name in full Big Screen Productions 19 IM Limited

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

2 Liquidator's name

Full forename(s) Lloyd
Surname Hinton

3 Liquidator's address

Building name/number 4th Floor Allan House
Street 10 John Princes Street
Post town London
County/Region
Postcode W 1 G 0 A H
Country

4 Liquidator's email address or telephone number ^①

Email address
Telephone number 02074952348

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 5 1 6

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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

m

1

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

m

3

y

1

m

2

y

0

1

8

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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 **Jerome Miranda**

Company name **Insolve Plus Ltd**

Address **4th Floor Allan House**

10 John Princes Street

Post town **London**

County/Region

Postcode **W 1 G 0 A H**

Country

DX

Telephone **02074952348**

**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