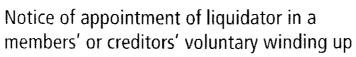
In accordance with Scotton 199 of the Insolvency Act 1986

600





WEDNESDAY



A09 21/03/2018 COMPANIES HOUSE

#129

1	Company deta	ils						
Company number	0 7 5 5	4	1	9	9	→ Filling in this form Please complete in typescript or in		
Company name in full	Burhan Securit	y Ser	bold black capitals.					
2	Liquidator's name					11 11 11 11 11 11 11 11		
Full forename(s)	Martin C							
Surname	Armstrong DCCA FABRP FIPA							
3	iquidator's ac	ldres	S					
Building name/number	Turpin Barker Armstrong, Allen House							
Street	1 Westmead Road							
Post town	Sutton							
County/Region								
Postcode	S M 1 4 L A							
Country								
4	Liquidator's email address or telephone number • martin armstrong@turpinba co.uk					• You must give an email address o		
Email address						telephone number. All information on this form will appear on the		
Telephone number	020 8661 7878					public record,		
5	Insolvency practitioner number							
Number	6 2 1 2							
	1 1 1	i	1	•	I			

voluntary winding up Liquidator's name • Other Liquidator's details Full forename(s) Use this section to tell us about Surname another liquidator Liquidator's address @ Building name/number Other Liquidator's details Use this section to tell us about Street another liquidator. Use the continuation page to tell us about more than two liquidators Post town County/Region Postcode Country 8 Liquidator's email address or telephone number 9 9 You must give an email address or telephone number. All information Email address on this form will appear on the public record, Telephone number Insolvency practitioner number Number 10 Statement of appointment I confirm the appointment of the liquidator(s) on 2 Date `2 °O II Appointment details The appointment was made by (Tick one) Company Creditors 12 Type of liquidation Tick to confirm the liquidation type Members Creditors Sign and date Liquidator's signature X X 4 2 0 Signature date

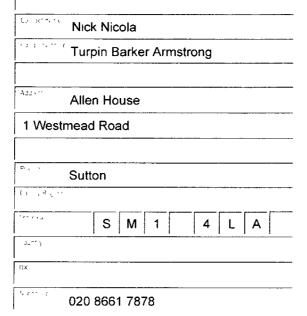
Notice of appointment of liquidator in a members' or creditors'

600

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.



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