

600

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



Companies House

MONDAY



A8Y2ATM3

A11

03/02/2020

#110

COMPANIES HOUSE

1 Company details

Company number 0 7 5 9 2 3 8 8

Company name in full Optimise Marketing Services Ltd

→ Filling in this form

Please complete in typescript or in
bold black capitals

2 Liquidator's name

Full forename(s) Annette

Surname Reeve

3 Liquidator's address

Building name/number 1st Floor Spire Walk

Street Chesterfield

Post town S40 2WG

County/Region

Postcode

Country

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 01246 224399


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 9

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6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
	Full forename(s)		
	Surname		
7	Liquidator's address ^②		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.
	Building name/number		
	Street		
	Post town		
	County/Region		
	Postcode		
	Country		
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
	Email address		
	Telephone number		
9	Insolvency practitioner number		
	Number		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d	d	m
	2	9	01
	2	0	20
11	Appointment details		
	The appointment was made by (Tick one)		
	<input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors		
12	Type of liquidation		
	Tick to confirm the liquidation type		
	<input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors		
13	Sign and date		
Liquidator's signature	Signature X  X		
Signature date	d	d	m
	3	0	01
	2	0	20