In accordance with section 109 of the Insolvency Act 1986

## 600



## Companies House

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





07/06/2018 COMPANIES HOUSE refer to

Company details 0 7 7 5 0 → Filling in this form Company number Please complete in typescript or in Company name in full Berrywhite Limited bold black capitals. Liquidator's name Full forename(s) **Yiannis** Surname Koumettou 3 Liquidator's address Building name/number 1 Kings Avenue Street Winchmore Hill Post town London County/Region Postcode N 2 1 3 N A Country 4 Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** yiannis.koumettou@aljuk.com on this form will appear on the public record. Telephone number 020 8370 7250 5 Insolvency practitioner number 0 1 5 6 7 6 Number

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

| 6                      | Liquidator's name <sup>0</sup>  |   |  |
|------------------------|---|---|--|
| Full forename(s)       |   | Other Liquidator's details Use this section to tell us about another liquidator.  |  |
| Surname                |   |   |  |
| 7                      | Liquidator's address o  |   |  |
| Building name/number   |   | Other Liquidator's details  |  |
| Street                 |   | Use this section to tell us about 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 ©  | You must give an email address or   |  |
| Email address          |   | telephone number. All information on this form will appear on the   |  |
| Telephone number       |   | public record.  |  |
| 9                      | Insolvency practitioner number  |   |  |
| Number                 |   |   |  |
| 10                     | Statement of appointment  |   |  |
|                        | I confirm the appointment of the liquidator(s) on   |   |  |
| Date                   | 0 1 0 6 ½ 0 1 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   | ×   |  |
| Signature date         | $\begin{bmatrix} \frac{1}{0} & \frac{1}{4} & \frac{1}{0} & \frac{1}{6} & \frac{1}{2} & \frac{1}{2} & \frac{1}{8} \end{bmatrix}$ |   |  |
|                        |   | <u> </u>  |  |