

# 600

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



Companies House

FRIDAY



A17 \*A7L9AZWH\* 21/12/2018 #81  
COMPANIES HOUSE

### 1 Company details

Company number 0 7 9 1 1 1 3 2  
Company name in full Big Screen Productions 23 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

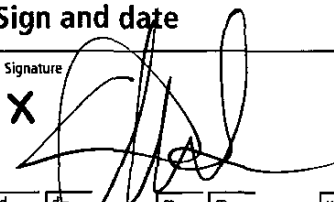
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

### 5 Insolvency practitioner number

Number 9 5 1 6

600

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

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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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)**