

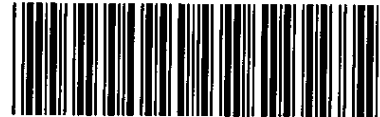
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Notice of appointment of liquidator in a  
members' or creditors' voluntary winding up



Companies House

SATURDAY



\*A895BK00\*

A16

06/07/2019

#8

COMPANIES HOUSE

1 Company details

Company number 0 8 0 3 4 3 3 9

Company name in full 145 Medical Services Limited

→ Filling in this form

Please complete in typescript or in  
bold black capitals.

2 Liquidator's name

Full forename(s) JOHN PAUL

Surname BELL

3 Liquidator's address

Building name/number The Pinnacle

Street 3rd Floor

Post town 73 King Street

County/Region Manchester

Postcode M 2 4 N G

Country

4 Liquidator's email address or telephone number ①

Email address

Telephone number 0161 907 4044

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 8 6 0 8

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

**6 Liquidator's name<sup>①</sup>**

Full forename(s) Toyah Marie

Surname Poole

**① Other Liquidator's details**  
Use this section to tell us about another liquidator.**7 Liquidator's address<sup>②</sup>**

Building name/number The Pinnacle

Street 3rd Floor

Post town 73 King Street

County/Region Manchester

Postcode M 2 4 N G

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<sup>③</sup>**

Email address

Telephone number 0161 907 4044

**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 9 7 4 0

**10 Statement of appointment**

I confirm the appointment of the liquidator(s) on

Date 0 3 0 7 2 0 1 9

**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 T. Poole X

Signature date

0 4 0 7 2 0 1 9

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.

Contact name	George Piggott
Company name	Clarke Bell Limited
Address	The Pinnacle
	3rd Floor
Post town	73 King Street
County/Region	Manchester
Postcode	M 2 4 N G
Country	
DX	
Telephone	0161 907 4044

**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)**