

600

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



Companies House

SATURDAY



A19 *A6YZW8UG* 03/02/2018 #50
COMPANIES HOUSE

Refer to

1 Company details

Company number 0 8 2 4 7 3 3 6

Company name in full Trunkmaster Romford Ltd

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Michael Colin John Sanders

Surname

3 Liquidator's address

Building name/number New Bridge Street House

Street 30-34 New Bridge Street

Post town

County/Region London

Postcode E C 4 V 6 B J

Country

4 Liquidator's email address or telephone number ^①

Email address nathan.sawyer@mhlip.co.uk

Telephone number 020 7429 4100

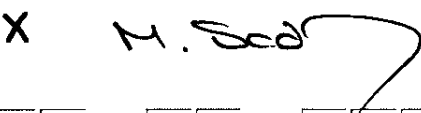
① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 8 6 9 8

600

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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)	Georgina		
Surname	Eason		
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	New Bridge Street House		
Street	30-34 New Bridge Street		
Post town			
County/Region	London		
Postcode	E C 4 V 6 B J		
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	nathan.sawyer@mhllp.co.uk		
Telephone number	020 7429 4100		
9	Insolvency practitioner number		
Number	9 6 8 8		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	d 1 d 2 m 0 m 1 y 2 y 0 y 1 y 8		
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
Signature date	d 1 d 2 m 0 m 1 y 2 y 0 y 1 y 8		

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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	Nathan Sawyer				
Company name	MacIntyre Hudson LLP				
Address	New Bridge Street House				
	30-34 New Bridge Street				
Post town					
County/Region	London				
Postcode	E	C	4	V	6 B J
Country					
DX					
Telephone	020 7429 4100				

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