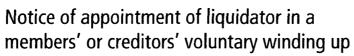
In accordance with section 109 of the Insolvency Act 1986

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**EDNESDAY** 



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A11

11/08/2021 COMPANIES HOUSE

#48

	Company details			
Company number	0   8   2   7   3   9   8   0	→ Filling in this form  Please complete in typescript or in		
Company name in full	Blueprint New Business Services Limited	bold black capitals.		
2	Liquidator's name			
Full forename(s)	Amanda			
Surname	Wade			
3	Liquidator's address			
Building name/number	30 Finsbury Square			
Street				
Post town	London			
County/Region				
Postcode	EC2A1AG			
Country				
4	Liquidator's email address or telephone number •	You must give an email address or telephone number. All information on this form will appear on the		
Email address				
Telephone number	0161 953 6900	public record.		
5	Insolvency practitioner number	-		
Number	9 4 4 2			

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

6	Liquidator's name <sup>©</sup>		
Full forename(s)	Jackie	Other Liquidator's details Use this section to tell us about	
Surname	Stringer	another liquidator.	
7	Liquidator's address o		
Building name/number	2 Glass Wharf	Other Liquidator's details	
Street	Temple Quay	Use this section to tell us about another liquidator. Use the	
		continuation page to tell us about more than two liquidators.	
Post town	Bristol		
County/Region			
Postcode	BS20EL		
Country			
8	Liquidator's email address or telephone number <sup>©</sup>	You must give an email address or	
Email address		telephone number. All information on this form will appear on the	
Telephone number	0161 953 6900	public record.	
9	Insolvency practitioner number		
Number	9 1 7 6		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	0 3 0 6 2 0 2 1		
11	Appointment details		
	The appointment was made by		
	(Tick one)  ☐ Company		
	☑ Creditors	<u></u>	
12	Type of liquidation	<u> </u>	
	Tick to confirm the liquidation type		
	Members		
	☑ Creditors		
13	Sign and date		
Liquidator's signature	Signature		
	* Alexander		
**** ·			
Signature date	$\begin{bmatrix} d & 1 & 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} m & m & 2 & 0 & 2 & 1 \end{bmatrix}$		

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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	Matthew Drinkwater	
Company name	Grant Thornton UK LLP	
Address	4 Hardman Square	
	Spinningfields	
Post town	Manchester	
County/Region		
Postcode	M 3 3 E B	
Country		
DX		
Telephone	0161 953 6900	

## ✓ 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.

#### 7 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