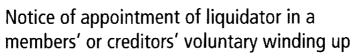
In accordance with section 109 of the Insolvency Act 1986

# 600





VEDNESDAY



A06 04/12/2019 COMPANIES HOUSE

#266

1	Con	npa	any	deta	İls				
Company number	0	8	3	3 4	3	5	2	6	→ Filling in this form  Please complete in typescript or in
Company name in full	Lir	nit	less	Offs	bold black capitals.				
2	Liqu	bit	ato	r's na	me				
Full forename(s)	Ph	ilip	)						
Surname	Ва	lla	rd						
3	Liqu	ıid	ato	r's ad	dres	s			
Building name/number	Trinity House								
Street	28	-30	) BI	uche					
Post town	Bir	mi	ngh	am					
County/Region									
Postcode	B 1 1 Q H								
Country									
4	Liqu	ıida	atoı	's en	ail a	addr	ess	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	01	21	20	1 172	20		public record.		
5	Insolvency practitioner number								
Number	2	0	4	5	2				

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

6	Liquidator's name <sup>©</sup>										
-ull forename(s)		Other Liquidator's details Use this section to tell us about									
urname		another liquidator.									
7	Liquidator's address •										
Building name/number		Other Liquidator's details									
Street		<ul> <li>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.</li> </ul>									
ost town											
ounty/Region	ŕ	_									
Postcode											
Country		_									
3	Liquidator's email address or telephone number <sup>9</sup>	You must give an email address o									
mail address		telephone number. All informatio on this form will appear on the									
elephone number		public record.									
9	Insolvency practitioner number										
lumber											
10	Statement of appointment										
	I confirm the appointment of the liquidator(s) on										
Date	1 3 1 1 2 0 1 9										
11	Appointment details										
	The appointment was made by  (Tick one)  ☐ Company ☐ Creditors  The appointment was by Court Order  dated 13 November 2019										
12	Type of liquidation										
	Tick to confirm the liquidation type  ☐ Members ☑ Creditors										
13	Sign and date										
iquidator's signature	Signature X	K									
	d										

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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	Philip Ballard						
Company name	Greenfield Recovery Limited						
Address	Trinity House						
	28-30 Blucher Street						
Post town	Birmingham						
County/Region							
Postcode	B 1 1 Q H						
Country							
DX							
Teleshone	0121 201 1720						

### ✓ 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