In accordance with section 109 of the Insolvency Act 1986

## 600



Companies House

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

|  | AGS AGS                        | *A9AWNJCO*<br>07/08/2020 #88<br>COMPANIES HOUSE                   |  |
|--|--------------------------------|---|--|
| 1  | Company details                |   |  |
| Company number                                   | 0 8 3 4 3 5 2 6                | Filling in this form Please complete in typescript or in          |  |
| Company name in full                             | Limitless Offshore Ltd         | bold black capitals.  |  |
|  |                                |   |  |
| 2  | Liquidator's name              |   |  |
| Full forename(s)                                 | Simon                          | _   |  |
| Surname  | Gwinnutt                       | ,   |  |
| 3  | Liquidator's address           | ·   |  |
| Building name/number                             | Trinity House                  |   |  |
| Street   | 28-30 Blucher Street           |   |  |
| ·  |                                | _   |  |
| Post town  | Birmingham                     | <u> </u>  |  |
| County/Region                                    |                                |   |  |
| Postcode   | B 1 1 Q H                      |   |  |
| Country  |                                | _   |  |
| Liquidator's email address or telephone number • |                                | • You must give an email address or                               |  |
| mail address                                     |                                | telephone number. All information on this form will appear on the |  |
| Telephone number                                 | 0121 201 1720                  | public record.  |  |
| 5  | Insolvency practitioner number |   |  |
| Number   | 8 8 7 7                        |   |  |

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| Liquidator's address 9  Building name/number  Street  County/Region  Ostcode  Country  Liquidator's email address or telephone number o  Insolvency practitioner number  Street  Insolvency practitioner number  Ostconfirm the appointment of the liquidator(s) on  Date  1 1 2 0 7 2 0 2 0  Appointment details  The appointment details  The appointment was made by (Tick one)  Company Company Company Creditors  Tick to confirm the liquidation type Members Creditors  Sign and date  Sign and date  Liquidator's signature   | 6.5                  | Liquidator's name <sup>0</sup>  |                                   |  |
|--|----------------------|---|-----------------------------------|--|
| Liquidator's address o  Sitreet  Sitreet  County/Region  County/Region  County/Region  Insolvency practitioner number  Insolvency practitioner number  Statement of appointment  I confirm the appointment of the liquidator(s) on  Date  1 1 4 0 7 2 0 2 0  Appointment details  The appointment details  The appointment details  The appointment details  The appointment was made by (flick one)  Creditors  Creditors  Sign and date  Jiquidator's signature  Sign and date  Jiquidator's signature  County  Other Liquidator's details  Sus this section to tell was about another liquidator. Use the continuation spee to the sabout more than two liquidators.  Of you must give an email address or telephone number or telephone number or telephone number. All information on this form will appear on the public record.  The appointment of the liquidator(s) on Date  1 1 4 0 7 2 0 2 0  Appointment details  The appointment was made by (flick one)  Creditors  Creditors  Type of liquidation  Tick to confirm the liquidation type  Chembers  Creditors  Sign and date  Jiquidator's signature   | Full forename(s)     |   | Use this section to tell us about |  |
| Building name/number  Street  Street  Street  Country  Country/Region  Postcode  Country  Liquidator's email address or telephone number or telephone number or telephone number  Insolvency practitioner number  Insolvency practitioner number  Insolvency practitioner number  Statement of appointment  I confirm the appointment of the liquidator(s) on Date  41 44 6 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7  | Surname              |   |                                   |  |
| Use this section tell but a both and the continuation page to tell sure about more than two liquidators.  Post town  Country   Liquidator's email address or telephone number   O You must give an email address or telephone number    | 7.                   | Liquidator's address o  |                                   |  |
| Appointment details  The appointment was made by (Tick one)  Company  Company  Creditors  Type of liquidation  Sign and date  Continuation to the liquidation type  Members  Sign and date  Sign and date  Continuation page to tell us about continuation page to tell us about more than two liquidators.  O You must give an email address or telephone number of the liquidators or telephone number. All information to this form will appear on the public record.  O You must give an email address or telephone number of the liquidator will appear on the public record.  O You must give an email address or telephone number of the liquidator or the public record.  O You must give an email address or telephone number of the liquidator or the public record.  O You must give an email address or telephone number of the liquidator so the public record.  Information will appear on the public record.  O You must give an email address or telephone number of the liquidator so telephone number of the liquidator will appear on the public record.  O You must give an email address or telephone number of the liquidator so the public record.  O You must give an email address or telephone number of the liquidator so the public record.  O You must give an email address or telephone number of the liquidator so the public record.  O You must give an email address or telephone number of the liquidator so the public record.   | Building name/number |   |                                   |  |
| Post town Country Liquidator's email address or telephone number Country Liquidator's email address or telephone number Country Liquidator's email address or telephone number Country | Street               |   | another liquidator. Use the       |  |
| County/Region  Postcode  Country  Liquidator's email address or telephone number  Insolvency practitioner number  Insolvency practitioner number  Statement of appointment I confirm the appointment of the liquidator(s) on Date  1 4 0 7 2 0 2 0  Appointment details  The appointment was made by (Tick one) Company Company Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature  Signand date  Liquidator's signature  Signand Addressor telephone number  O You must give an email address or telephone number  O You must give an email address or telephone number  I be you must give an email address or telephone number  I be you must give an email address or telephone number  I be you must give an email addres or telephone number  I confirm the appointment of the liquidator(s) on  I definition | •                    |   |                                   |  |
| Liquidator's email address or telephone number or telephone number or telephone number. All information on this form will appear on the public record.  Insolvency practitioner number  Number   | Post town            |   |                                   |  |
| Liquidator's email address or telephone number of telephone number of the liquidator(s) on this form will appear on the public record.  Insolvency practitioner number  Insolvency practitioner number  Statement of appointment I confirm the appointment of the liquidator(s) on the appointment details  The appointment was made by (Tick one) Insolvency practitioner number  The appointment was made by (Tick one) Insolvency practitioner number  The appointment was made by (Tick one) Insolvency practitioner number  The appointment was by Court Order Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  The appointment was by Court Order Insolvency practitioner number  Appointment details  The appointment was by Court Order Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment was by Court Order Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment was made by (Tick one) Insolvency practitioner number  Appointment details  The appointment details  The appointment was made by (Tick one) Insolvency practice  | County/Region        |   |                                   |  |
| Liquidator's email address or telephone number or telephone number.    O You must give an email address or telephone number or telephone number. All information on this form will appear on the public record.    Insolvency practitioner number  | Postcode             |   |                                   |  |
| mail address  telephone number  Insolvency practitioner number  Insolvency practitioner number  Statement of appointment  I confirm the appointment of the liquidator(s) on  Date  1 4 7 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2   | Country              |   |                                   |  |
| ielephone number  Insolvency practitioner number  Insolvency practitioner number  Statement of appointment  I confirm the appointment of the liquidator(s) on  Date  of 1 6 1 0 7 2 0 2 0 2 0  Appointment details  The appointment was made by (Tick one)  Company Creditors  Type of liquidation  Tick to confirm the liquidation type  Members Creditors  Sign and date  Sign and date  Signature  Signat | 8-                   | Liquidator's email address or telephone number o  | You must give an email address or |  |
| Insolvency practitioner number    Insolvency practitioner number   | Email address        |   | telephone number. All information |  |
| Statement of appointment   I confirm the appointment of the liquidator(s) on Date  | Telephone number     |   |                                   |  |
| Statement of appointment   I confirm the appointment of the liquidator(s) on Date  | 9 :                  | Insolvency practitioner number  | ·····                             |  |
| I confirm the appointment of the liquidator(s) on     Date   | Number               |   |                                   |  |
| I confirm the appointment of the liquidator(s) on     Date   | 10                   | Statement of appointment  |                                   |  |
| Appointment details  The appointment was made by (Tick one) Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Liquidator's signature  Signature  Tick to confirm the liquidation type Tick to confirm the liquida |                      |   |                                   |  |
| The appointment was made by  (Tick one) Company Creditors  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Signature X  Signature X  | Date                 | \( \frac{1}{4} \) \( \bar{0} \) \( \bar{7} \) \( \bar{2} \) \( \bar{0} \) \( \bar{2} \) \( \bar{0} \) |                                   |  |
| The appointment was by Court Order  ☐ Company ☐ Creditors dated 14 July 2020  Type of liquidation  Tick to confirm the liquidation type ☐ Members ☐ Creditors  Sign and date  Signature X  X   | ji i                 | Appointment details   | ·                                 |  |
| Company Creditors dated 14 July 2020  Type of liquidation  Tick to confirm the liquidation type Members Creditors  Sign and date  Signature X  Signature X   |                      |   |                                   |  |
| Type of liquidation  Tick to confirm the liquidation type  Members Creditors  Sign and date  Signature X  Signature X  |                      | I the appointment was by court Orger  |                                   |  |
| Tick to confirm the liquidation type    Members     Creditors     Sign and date   Liquidator's signature     X     |                      | ļ · · · ·   |                                   |  |
| ☐ Members ☐ Creditors  Sign and date  iquidator's signature  X  X  | 12                   | Type of liquidation   |                                   |  |
| Sign and date  Liquidator's signature  X  X  |                      | Tick to confirm the liquidation type  |                                   |  |
| Sign and date  iquidator's signature  X  X   |                      |   |                                   |  |
| iquidator's signature X  |                      | ☑ Creditors   |                                   |  |
| iquidator's signature X  | 13                   | Sign and date   |                                   |  |
| × SCC  |                      | Signature   |                                   |  |
| Signature date 6 7 0 8 20 20   |                      | X X   |                                   |  |
| Signature date 0 7 0 8 2 0 2 0   |                      |   | ,                                 |  |
|  | Signature date       | 0 5 0 B 12 0 12 0   |                                   |  |
|  |                      |   |                                   |  |
|  |                      |   |                                   |  |

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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  | Rachel Heathcote            |  |  |
|---------------|-----------------------------|--|--|
| 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            |                             |  |  |
| Telephone     | 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