

# 600

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



Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

### 1 Company details

Company number 0 8 6 2 9 6 9 8

Company name in full Grow Well Gardens Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Charles

Surname Brook

### 3 Liquidator's address

Building name/number 100 Barbirolli Square

Street Manchester

Post town

County/Region

Postcode M 2 3 B D

Country

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 0161 832 6221

<sup>①</sup> 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 9 1 5 7

600

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## 6 Liquidator's name <sup>①</sup>

Full forename(s)

Allan

Surname

Cadman

### ① Other Liquidator's details

Use this section to tell us about another liquidator.

## 7 Liquidator's address <sup>②</sup>

Building name/number

100 Barbirolli Square

Street

Manchester

Post town

County/Region

Postcode

M 2 3 B D

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 832 6221

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 5 2 2

## 10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

<sup>d</sup> 1 <sup>d</sup> 6 <sup>m</sup> 0 <sup>m</sup> 8 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 3

## 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 

X

Signature date

<sup>d</sup> 1 <sup>d</sup> 6 <sup>m</sup> 0 <sup>m</sup> 8 <sup>y</sup> 2 <sup>y</sup> 0 <sup>y</sup> 2 <sup>y</sup> 3

# 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 **Josh Daly**

Company name **Xeinadin Corporate Recovery Limited**

Address **100 Barbirolli Square  
Manchester**

Post town

County/Region

Postcode **M 2 3 B D**

Country

DX

Telephone **0161 832 6221**

## 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)**