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

TUESDAY



er to

A30

27/02/2018 COMPANIES HOUSE

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| 1                    | Company details                                   |   |  |  |
|----------------------|---|---|--|--|
| Company number       | 08833743  | → Filling in this form Please complete in typescript or in  |  |  |
| Company name in full | SPICE TOWEH (SUDDIONATE) LUMITED                  | bold black capitals.  |  |  |
|                      | SPICE TOUCH (SUNDENCETE) LIMITED  t/a SPICE TOUCH |   |  |  |
| 2                    | Liquidator's name                                 |   |  |  |
| Full forename(s)     | GARETTI   |   |  |  |
| Surname              | Sister.   |   |  |  |
| 3                    | Liquidator's address                              |   |  |  |
| Building name/number | 10  |   |  |  |
| Street               | ST HELENS READ                                    |   |  |  |
| Post town            | SWANSEA   |   |  |  |
| County/Region        |   |   |  |  |
| Postcode             | SAII WAW  |   |  |  |
| Country              |   |   |  |  |
| 4                    | Liquidator's email address or telephone number •  | You must give an email address or<br>telephone number. All information<br>on this form will appear on the |  |  |
| Email address        | Tursetha Meulistera. Co uk.                       |   |  |  |
| Telephone number     | C3300 56360                                       | public record   |  |  |
| 5                    | Insolvency practitioner number                    |   |  |  |
| Number               | 17370   |   |  |  |
|                      |   |   |  |  |

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| 6                     | Liquidator's name <sup>0</sup>                            |   |  |  |
|-----------------------|---|---|--|--|
| Full forename(s)      | HELER   | Other Liquidator's details Use this section to tell us about                              |  |  |
| Surname               | WHITEHOUSE.   | another liquidator.   |  |  |
| 7                     | Liquidator's address @                                    |   |  |  |
| Building name/number  | io  | Other Liquidator's details Use this section to tell us about                              |  |  |
| Street                | ST HELENS RIAD  | another liquidator. Use the continuation page to tell us about more than two liquidators. |  |  |
| Post town             | SWANSER   | -   |  |  |
| County/Region         |   |   |  |  |
| Postcode              | 3 A 1 4 A 2   |   |  |  |
| Country               |   |   |  |  |
| 8                     | Liquidator's email address or telephone number ©          | You must give an email address or   |  |  |
| Email address         | helena Hadisterco a uk                                    | telephone number. All information on this form will appear on the                         |  |  |
| Telephone number      | 03300 563600  | public record.  |  |  |
| 9                     | Insolvency practitioner number                            |   |  |  |
| Number                | 9630  |   |  |  |
| 10                    | Statement of appointment                                  |   |  |  |
|                       | I confirm the appointment of the liquidator(s) on         |   |  |  |
| Date                  | 12 2 To 2 1/2 1/2 1/8                                     | <u> </u>  |  |  |
| TT                    | Appointment details                                       |   |  |  |
|                       | The appointment was made by (Tick one)  Company Creditors |   |  |  |
| 12                    | Type of liquidation                                       | <del></del>   |  |  |
|                       | Tick to confirm the liquidation type  Members Creditors   |   |  |  |
| 13                    | Sign and date   |   |  |  |
| iquidator's signature | X G Good X  |   |  |  |
| ignature date         | d d r m y y y   |   |  |  |
| ignature date         | d d r m y y y   |   |  |  |

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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 nai | " PARE | TH R  | 515H | of_           |     |
|-------------|--------|-------|------|---------------|-----|
| Company 1   |        |       |      |               |     |
| Address     | 10     |       |      |               |     |
|             | ST HE  | LENS  | Rot  | tD            | _   |
| Post town   | SWAN   | SEA   |      |               |     |
| County/Reg  | оп     |       |      |               |     |
| Postcode    | 5      | AI    |      | 4 A           | W [ |
| Country     |        |       |      |               |     |
| DX          |        |       |      |               |     |
| Telephone   |        |       |      |               |     |
|             | Ø3300  | o 56° | 360  | $\mathcal{O}$ |     |

### ✓ 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