In accordance with section 109 of the Insolvency Act 1986

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

WEDNESDAY



lease refer to

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07/07/2021 COMPANIES HOUSE #205

1	Company details		
Company number	0 9 5 0 5 1 1 2	Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full	Robin Oliver Construction Limited		
2	Liquidator's name		
Full forename(s)	Jeremy		
Surname	Bleazard		
3	Liquidator's address		
Building name/number	XL Business Solutions Limited		
Street	Premier House		
	Bradford Road		
Post town	Cleckheaton		
County/Region			
Postcode	B D 1 9 3 T T		
Country	· i		
4	Liquidator's email address or telephone number •	• You must give an email address or	
Email address	jbleazard@xlbs.co.uk	telephone number. All information on this form will appear on the	
Telephone number	01274 870101	public record.	
5	Insolvency practitioner number		
Number	0 9 3 5 4		

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6	Liquidator's name ⁰			
Full forename(s)			Other Liquidator's details Use this section to tell us about another liquidator.	
Surname				
7	Liquidator's address o			
Building name/number	L		Other Liquidator's details	
Street	1		Use this section to tell us about another liquidator. Use the	
	1		continuation page to tell us about more than two liquidators.	
Post town .				
County/Region				
Postcode				
Country				
8	Liquidator's email address or telepho	ne number [©]	You must give an email address or	
Email address		·	telephone number. All information on this form will appear on the	
Telephone number			public record.	
9	Insolvency practitioner number -			
Number				
10	Statement of appointment			
	I confirm the appointment of the liquidator(s) or			
Date	10 4 6 6 7 10 12 19 12 1	-		
11	Appointment details	,		
	The appointment was made by	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	(Tick one)			
	✓ Company ✓ Creditors			
12	Type of liquidation			
	Tick to confirm the liquidation type			
,	☐ Members			
	☑ Creditors			
13	Sign and date	- No.		
	Signature Signature			
iquidator's signature.	X	X		
•				
Signature date	d 1 d 0 m 9 y 2 y 0 y 2 y	1 .		

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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	
Company name	-
	<u></u>
	Ž.
Address	
	•
	79
Post town	±.
County/Region	ä
Postcode	
Country	
DX .	ŝ .
Telephone	ă.

✓ 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