In accordance with section 109 of the Insolvency Act 1986

600



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

THURSDAY



A07 28/03/2019
COMPANIES HOUSE

#101

		OOM ANEOHOUSE
1	Company details	
Company number	0 9 6 2 1 1 4 4	→ Filling in this form Please complete in typescript or in
Company name in full	Amweb Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Mark Elijah Thomas	
Surname	Bowen	
3	Liquidator's address	
Building name/number	MB Insolvency	
Street	11 Roman Way	
	Berry Hill	
Post town	Droitwich Spa	A A A A A A A A A A A A A A A A A A A
County/Region	Worcestershire	
Postcode	W R 9 9 A J	
Country		
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	info@mb-i.co.uk	telephone number. All information on this form will appear on the
Telephone number	01905 776 771	public record.
5	Insolvency practitioner number	
Number	8 7 1 1	

	600 Notice of appointment of liquidator in a members' or creditors' voluntary winding up	
6	Liquidator's name [©]	
ull forename(s)		Other Liquidator's details Use this costion to talk us about
urname		 Use this section to tell us about another liquidator.
7	Liquidator's address [©]	
Building name/number		Other Liquidator's details
treet		 Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
ost town		
County/Region		
Postcode		
Country		
3	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
elephone number		public record.
9	Insolvency practitioner number	
Number		
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	d 0 8 0 3 y y y 1 y y 9	
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	
iquidator's signature	X A	×
Signature date	$d \circ 0 \circ 8 \circ 0 \circ 3 \circ 0 \circ 1 \circ 0 \circ 8 \circ 0 \circ 0$	

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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 Company name

Post town
County/Region

Country

✓ Checklist

Postcode

Telephone

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.

i 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

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600 - continuation page

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		• You must give an email address or
Telephone number		telephone number. All information on this form will appear on the public record.
5	Insolvency practitioner number	
Insolvency practitioner number		