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



Companies House

THURSDAY



A24 *A7Z56J97* #184
21/02/2019
COMPANIES HOUSE

1 Company details

Company number 0 9 7 5 9 8 1 8
Company name in full ABC PROP CO HOLDINGS LIMITED

→ Filling in this form
Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) Mark Grahame
Surname Tailby

3 Liquidator's address

Building name/number 109 Swan Street
Street Sileby
Post town Leicestershire
County/Region
Postcode L E 1 2 7 N N
Country

4 Liquidator's email address or telephone number ^①

Email address m.tailby@ewslp.co.uk
Telephone number 01509 815150

① 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 1 5

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| | | | |
|--|--|--|--|
| 6 | Liquidator's name^① | | ① Other Liquidator's details Use this section to tell us about another liquidator. |
| Full forename(s) | | | |
| Surname | | | |
| 7 | Liquidator's address^② | | 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. |
| Building name/number | | | |
| Street | | | |
| Post town | | | |
| County/Region | | | |
| Postcode | | | |
| Country | | | |
| 8 | Liquidator's email address or telephone number^③ | | ③ You must give an email address or telephone number. All information on this form will appear on the public record. |
| Email address | | | |
| Telephone number | | | |
| 9 | Insolvency practitioner number | | |
| Number | | | |
| 10 | Statement of appointment | | |
| I confirm the appointment of the liquidator(s) on | | | |
| Date | <div style="display: flex; justify-content: space-between;"> d 1 4 m 0 2 y 2 0 1 9 </div> | | |
| 11 | Appointment details | | |
| The appointment was made by (Tick one) <input type="checkbox"/> Company <input checked="" type="checkbox"/> Creditors | | | |
| 12 | Type of liquidation | | |
| Tick to confirm the liquidation type <input type="checkbox"/> Members <input checked="" type="checkbox"/> Creditors | | | |
| 13 | Sign and date | | |
| Liquidator's signature | Signature <div style="display: flex; align-items: center;"> X X </div> | | |
| Signature date | <div style="display: flex; justify-content: space-between;"> d 1 8 m 0 2 y 2 0 1 9 </div> | | |

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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 | Craig Ridgley |
| Company name | Elwell Watchorn & Saxton LLP |
| Address | 109 Swan Street |
| | Sileby |
| Post town | Leicestershire |
| County/Region | |
| Postcode | L E 1 2 7 N N |
| Country | |
| DX | |
| Telephone | 01509 815150 |



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