In accordance with section 109 of the Insolvency Act 1986

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# Companies House

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

HURSDAY



\*AA5DAHK9\* A07 27/05/2021 COMPANIES HOUSE

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1	Company details	
Company number	0 9 9 7 7 5 2 9	→ Filling in this form Please complete in typescript or in
Company name in full	Mjb Events Limited	bold black capitals.
2	Liquidator's name	
Full forename(s)	Michael Colin John	
Surname	Sanders	
3	Liquidator's address	-
Building name/number	6th Floor	
Street	2 London Wall Place	
Post town	London	
County/Region		
Postcode	EC2Y5AU	
Country		
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	0207 429 4100	public record.
5	Insolvency practitioner number	
Number	8 6 9 8	
	,	

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6	Liquidator's name <sup>0</sup>	
Full forename(s)	Georgina Marie	Other Liquidator's details Use this section to tell us about
Surname	Eason	another liquidator.
7	Liquidator's address <sup>©</sup>	
Building name/numbe	er 6th Floor	Other Liquidator's details
Street	2 London Wall Place	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	London	
County/Region		
Postcode	EC2Y 5AU	
Country		
8	Liquidator's email address or telephone number <sup>9</sup>	You must give an email address or
Email address		telephone number. All information on this form will appear on the
Telephone number	0207 429 4100	public record.
9	Insolvency practitioner number	
Number	9 6 8 8	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	1 4 0 5 ½ yo y 1	
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	×
 Signature date	$\begin{bmatrix} 1 & & & & \\ 1 & & & & \\ 0 & & 5 & & \end{bmatrix} \begin{bmatrix} y_2 & y_0 & y_2 \end{bmatrix} \begin{bmatrix} y_1 & & & \\ & & & \\ & & & \end{bmatrix}$	

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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	Macintyre Hudson LLP	
Address	6th Floor	
	2 London Wall Place	
Post town	London	
County/Region		
Postcode	EC2Y5AU	
Country		
DX		
Telephone	0207 429 4100	

#### ✓ 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