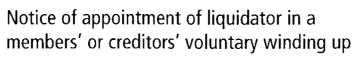
In accordance with section 109 of the Insolvency Act 1986

600





THURSDAY



A16

18/01/2018 COMPANIES HOUSE #85

Company number	10075476	→ Filling in this form	
Company name in full	SAUE AND STORE UK LIMITED	Please complete in typescript or i bold black capitals.	
2	Liquidator's name		
Full forename(s)	HELEN WHITEHOUSE		
Surname			
3	Liquidator's address	···	
Building name/number	10		
Street	ST HELEN'S RD		
Post town	SWANSEA		
County/Region			
Postcode	SA1 4AW		
Country			
4	Liquidator's email address or telephone number •	• You must give an email address or	
Email address	helen @ Mcalisver. Co. UK	telephone number. All information	
Telephone number		public record	
5	Insolvency practitioner number		
Number	9680		

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

6	Liquidator's name •	<del></del>	
Full forename(s)	GARETH	Other Liquidator's details Use this section to tell us about another liquidator.	
Surname	BISHOP		
7	Liquidator's address 0		
Building name/numb	er 10	Other Liquidator's details	
Street	ST HELEN'S RD	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
Post town		-	
County/Region	SWANSEA	-	
Postcode	SA1 4AW		
Country			
8	Liquidator's email address or telephone number ®	You must give an email address or	
Email address	garetua Mcalisverco. co. UK	telephone number. All information on this form will appear on the	
Telephone number		public record	
9	Insolvency practitioner number		
Number	17870		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	09 01 2018		
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 GBad X		
ignature date	1 d d m 0 m 1 y 2 y 0 y 1 8		

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

# 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	ALISON	HU6HES	
Company name	MCALISTERCO		
_			
Address	ID ST HE	ien's RD	
	<u>-</u>		
Post town	SWAWS	e <sub>A</sub>	
County/Region			
Postcode	SA	1 4 A W	
Country			
DX			
Telephone	03300	563620	

## ✓ 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