

# 600

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



Companies House

For further information, please refer to  
our guidance at  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

### 1 Company details

Company number 1 0 1 0 7 4 8 5

Company name in full 19lukasz87 Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

### 2 Liquidator's name

Full forename(s) Nicholas Andrew

Surname Stratten

### 3 Liquidator's address

Building name/number Third Floor

Street 112 Clerkenwell Road

Post town London

County/Region

Postcode E C 1 M 5 S A

Country

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address

Telephone number 0207 099 6086

<sup>①</sup> 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 2 2 1 7 0

600

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|                                                                      |                                                                                                      |                                                                                                                                                                    |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6 Liquidator's name <sup>①</sup></b>                              |                                                                                                      | <b>① Other Liquidator's details</b><br>Use this section to tell us about another liquidator.                                                                       |
| Full forename(s)                                                     | Nimish                                                                                               |                                                                                                                                                                    |
| Surname                                                              | Patel                                                                                                |                                                                                                                                                                    |
| <b>7 Liquidator's address <sup>②</sup></b>                           |                                                                                                      | <b>② Other Liquidator's details</b><br>Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators. |
| Building name/number                                                 | Third Floor                                                                                          |                                                                                                                                                                    |
| Street                                                               | 112 Clerkenwell Road                                                                                 |                                                                                                                                                                    |
|                                                                      |                                                                                                      |                                                                                                                                                                    |
| Post town                                                            | London                                                                                               |                                                                                                                                                                    |
| County/Region                                                        |                                                                                                      |                                                                                                                                                                    |
| Postcode                                                             | E C 1 M 5 S A                                                                                        |                                                                                                                                                                    |
| Country                                                              |                                                                                                      |                                                                                                                                                                    |
| <b>8 Liquidator's email address or telephone number <sup>③</sup></b> |                                                                                                      | <b>③</b> You must give an email address or telephone number. All information on this form will appear on the public record.                                        |
| Email address                                                        |                                                                                                      |                                                                                                                                                                    |
| Telephone number                                                     | 0207 099 6086                                                                                        |                                                                                                                                                                    |
| <b>9 Insolvency practitioner number</b>                              |                                                                                                      |                                                                                                                                                                    |
| Number                                                               | 8 6 7 9                                                                                              |                                                                                                                                                                    |
| <b>10 Statement of appointment</b>                                   |                                                                                                      |                                                                                                                                                                    |
| I confirm the appointment of the liquidator(s) on                    |                                                                                                      |                                                                                                                                                                    |
| Date                                                                 | d 2 0 m 0 1 y 2 0 y 2 3                                                                              |                                                                                                                                                                    |
| <b>11 Appointment details</b>                                        |                                                                                                      |                                                                                                                                                                    |
| The appointment was made by (Tick one)                               |                                                                                                      |                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Company                          |                                                                                                      |                                                                                                                                                                    |
| <input type="checkbox"/> Creditors                                   |                                                                                                      |                                                                                                                                                                    |
| <b>12 Type of liquidation</b>                                        |                                                                                                      |                                                                                                                                                                    |
| Tick to confirm the liquidation type                                 |                                                                                                      |                                                                                                                                                                    |
| <input type="checkbox"/> Members                                     |                                                                                                      |                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Creditors                        |                                                                                                      |                                                                                                                                                                    |
| <b>13 Sign and date</b>                                              |                                                                                                      |                                                                                                                                                                    |
| Liquidator's signature                                               | Signature<br>X  X |                                                                                                                                                                    |
| Signature date                                                       | d 2 7 m 0 1 y 2 0 y 2 3                                                                              |                                                                                                                                                                    |

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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 **Lacra Constantin**

Company name **Hudson Weir Limited**

Address **Third Floor**

**112 Clerkenwell Road**

Post town **London**

County/Region

Postcode **E C 1 M 5 S A**

Country

DX

Telephone **0207 099 6086**

## 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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)**