

600

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

WEDNESDAY



\*A88XLKEB\*  
A21 03/07/2019 #105  
COMPANIES HOUSE  
\*A87FXT9\*  
A14 12/06/2019 #123  
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 10254708

Company name in full AR666 LTD

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

**2** Liquidator's name

Full forename(s) SANDRA

Surname MCALISTER

**3** Liquidator's address

Building name/number 10

Street ST HELENS ROAD

Post town SWANSEA

County/Region

Postcode SA1 4AW

Country

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

Email address sandra@mcalisterc.co.uk

Telephone number 03300 563600

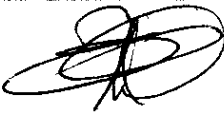
① You must give an email address or  
telephone number. All information  
on this form will appear on the  
public record.

**5** Insolvency practitioner number

Number 9375

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

<b>6</b>	<b>Liquidator's name<sup>1</sup></b>	
Full forename(s)	HELEN	<b>1 Other Liquidator's details</b> Use this section to tell us about another liquidator.
Surname	WHITEHOUSE	
<b>7</b>	<b>Liquidator's address<sup>2</sup></b>	
Building name/number	10	<b>2 Other Liquidator's details</b> Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Street	ST HELEN'S ROAD	
Post town	SWANSEA	
County/Region		
Postcode	S A 1 4 A W	
Country		
<b>8</b>	<b>Liquidator's email address or telephone number<sup>3</sup></b>	
Email address	helen@maulister.co.uk	<b>3 You must give an email address or telephone number. All information on this form will appear on the public record.</b>
Telephone number	03300 563600	
<b>9</b>	<b>Insolvency practitioner number</b>	
Number	9 6 8 0	
<b>10</b>	<b>Statement of appointment</b>	
	I confirm the appointment of the liquidator(s) on	
Date	d 11 m 06 y 2019	
<b>11</b>	<b>Appointment details</b>	
	The appointment was made by (Tick one)	
	<input type="checkbox"/> Company	
	<input checked="" type="checkbox"/> Creditors	
<b>12</b>	<b>Type of liquidation</b>	
	Tick to confirm the liquidation type	
	<input type="checkbox"/> Members	
	<input checked="" type="checkbox"/> Creditors	
<b>13</b>	<b>Sign and date</b>	
Liquidator's signature	Signature X  X	
Signature date	d 11 m 06 y 2019	

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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	SANDRA McALISTER.			
Company name	McALISTER & CO			
Address	10 ST HELENS ROAD			
Post town	SWANSEA.			
County/Region				
Postcode	S	A	I	W
Country				
DX				
Telephone	03300 563600.			



### 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)