In accordance with section 109 of the Insolvency Act 1986

600



Companies House

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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details			
Company number	1 0 3 8 2 0 3 0	→ Filling in this form Please complete in typescript or in		
Company name in full	CROWN LOFTS LTD	bold black capitals.		
2	Liquidator's name			
Full forename(s)	Victoria Louise			
Surname	Galbraith			
3	Liquidator's address			
Building name/number	Bridgestones			
Street	125/127 Union Street			
Post town	Oldham			
County/Region				
Postcode	0 L 1 1 T E			
Country				
4	Liquidator's email address or telephone number •	• You must give an email address or		
Email address	mail@bridgestones.co.uk	telephone number. All information on this form will appear on the		
Telephone number	0161 785 3700	public record,		
5	Insolvency practitioner number	•		
Number	1 2 4 7 0			

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

6	Líquidator's name ⁰				
Full forename(s)		O Other Liquidator's details Use this section to fell us about			
Surname		another liquidator.			
7	Liquidator's address o				
Building name/number		Other Liquidator's details			
Street		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					
Postcode					
Country					
8	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		public record.			
9	Insolvency practitioner number				
Number					
10	Statement of appointment				
	I confirm the appointment of the liquidator(s) on				
Date	$\begin{bmatrix} d_2 & d_3 & & \end{bmatrix} \begin{bmatrix} m_0 & m_3 & & y_2 & y_0 & y_2 & y_1 \end{bmatrix}$				
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	× VXUbrcch	X			
Signature date	24 03 2027				

600

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. Victoria Galbraith Company name Bridgestones Address 125/127 Union Street Oldham County/Region Postcode Country ĐΧ Telephone 0161 785 3700 Checklist We may return forms completed incorrectly or

Where to send

public record.

Important information

You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:

All information on this form will appear on the

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

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.

In accordance with section 109 of the insolvency Act 1986.

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

1	Com	ıpaı	ny đ	leta	ils										
Company number		<u></u>						-							
Company name in full							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
2	Liqu	ida	tor'	s na	me		<u></u>								
Full forename(s)		***********												*******	
Surname															
3	Liqu	ida	tor	s ac	ldres	S									
Building name/number					· · · · · · · · · · · · · · · · · · ·	******	X14. L								
Street															
Post town										,, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* ····································				
County/Region					,			-	vi vi vi						
Postcode								-							
Country			······											,	
4	Liqu	ida	tor'	s en	nail	addı	ess	or tele	ephor	ne nu	mber	•	0		<u>, , , , , , , , , , , , , , , , , , , </u>
Email address															• You must give an email address or
Telephone number		***************************************	**************************************			***************************************				.,					telephone number. All information on this form will appear on the public record,
5 -	Inso	lve	ncy	pra	ctiti	oner	nu	mber		•	•	•			
Insolvency practitioner number															