In accordance with section 109 of the Insolvency Act 1986 600



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

ONDAY

A14

16/03/2020 COMPANIES HOUSE 146

1	Company details	
Company number	1 0 6 8 5 0 9 1	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	Grabking Limited	
2	Liquidator's name	
Full forename(s)	Alan	
Surname	Simon	
3	Liquidator's address	
Building name/number	Langley House	
Street	Park Road	
Post town	London	
County/Region		
Postcode	N 2 8 E Y	
Country		
4	Liquidator's email address or telephone number   O You must give an email	
Email address	info@aabrs.com	telephone number. All information on this form will appear on the public record.
Telephone number	020 8444 2000	
5	Insolvency practitioner number	107 117
————————— Number	0 0 8 6 3 5	

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Full forename(s)  Surmame    Content Liquidator's address	6	Liquidator's name <sup>©</sup>	
Sundator's address	Full forename(s)		
Building name/number  Street  Street  Country  Rost town  County/Region  Postcode  Country  B  Liquidator's email address or telephone number  Email address  Email address  Email address  Email address  Insolvency practitioner number  I confirm the appointment  I confirm the appointment of the liquidator(s) on  Date  3 1 0 3 2 0 2 0  Company  Creditors  Type of liquidation  Tick to confirm the liquidation type  Members  Sign and date  Liquidator's signature  Sign and date  Liquidator's signature  Other Liquidator's details  Use this section to ell us about another liquidators.  Other Liquidator's details  Use this section to ell us about another liquidators.  Telephone number  O You must give an email address or telephone number or telephone number. All information or telephone number.  I confirm the appointment of the liquidator(s) on  Appointment details  The appointment was made by (Tick one)  Creditors  I Sign and date  Liquidator's signature  Signs and date  Liquidator's signature  Other Liquidator's details  Other Liquidator's better or tell us about more than two liquidators.  Other Liquidator's details  Other Liquidator's better or tell us about more than two liquidators.  Other Liquidator's details  Other Liquidator's details an	Surname		
Street    Street	7	Liquidator's address ®	· <del>-</del>
Post town  County/Region  Postcode  Country  8			Use this section to tell us about another liquidator. Use the continuation page to tell us about
Postcode Country  8 Liquidator's email address or telephone number telephone number telephone number. All information on this form will appear on the public record.  9 Insolvency practitioner number Number 10 Statement of appointment I confirm the appointment of the liquidator(s) on Date	Post town		
Country   S	County/Region		
Email address  Email address  Ielephone number  Insolvency practitioner number  Insolvency practitioner number  I confirm the appointment of the liquidator(s) on  Date  Inappointment details  The appointment was made by (Tick one)  Company  Creditors  Type of liquidation  Tick to confirm the liquidation type  Members  Sign and date  Sign and date  Liquidator's signature  X  X	Postcode		
Email address Telephone number    Insolvency practitioner number   Public record.	Country		,
Email address Telephone number    Insolvency practitioner number   Insolvency practitioner number   Insolvency practitioner number   Insolvency practitioner number   Insolvency practitioner number   Insolvency practitioner number   Insolvency practitioner number   Insolvency practitioner number   Insolvency practitioner number   Insolvency practitioner	8	Liquidator's email address or telephone number 🛭	You must give an email address or
Insolvency practitioner number   Public record.	Email address		telephone number. All information
Number    Statement of appointment   I confirm the appointment of the liquidator(s) on	Telephone number		
Statement of appointment    confirm the appointment of the liquidator(s) on	9	Insolvency practitioner number	
I confirm the appointment of the liquidator(s) on     Date	Number		
Date	10	Statement of appointment	
Appointment details  The appointment was made by (Tick one)  Company  Creditors  Type of liquidation  Tick to confirm the liquidation type  Members  Creditors  Sign and date  Liquidator's signature  Liquidator's signature			
The appointment was made by (Tick one)  □ Company □ Creditors  Type of liquidation  Tick to confirm the liquidation type □ Members □ Creditors  Sign and date  Liquidator's signature  Signature  X	Date	1   1   1   1   1   1   1   1   1   1	
(Tick one)	11	Appointment details	
Tick to confirm the liquidation type  ☐ Members ☐ Creditors  Sign and date  Liquidator's signature  X  X		(Tick one)  ☐ Company	
☐ Members ☐ Creditors  Sign and date  Liquidator's signature X  X	12	Type of liquidation	
Liquidator's signature X		☐ Members	
× White	13	Sign and date	
Signature date date date date date date date dat	Liquidator's signature		×
	Signature date	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 0 \\ 3 \end{bmatrix} \begin{bmatrix} \frac{y}{2} \\ \frac{y}{0} \end{bmatrix} \begin{bmatrix} \frac{y}{2} \\ \frac{y}{0} \end{bmatrix} \begin{bmatrix} \frac{y}{2} \\ \frac{y}{0} \end{bmatrix}$	

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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 Alan Simon Company name **AABRS Limited** Address Langley House Park Road Post town London County/Region Postcode Ν 2 Country DX Telephone 020 8444 2000 Checklist We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the

The company name and number match the information held on the public Register.
 You have signed and dated the form.

following:

# 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