In accordance with section 109 of the Insolvency Act 1986

## 600



# 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 2 3 8 8 8 0 5	→ Filling in this form Please complete in typescript or in bold black capitals.
Company name in full	SUREWORKS BUILDING SERVICES LIMITED	
		-
2	Liquidator's name	
Full forename(s)	NICHOLAS LAURIE	
Surname	WEST	-
3	Liquidator's address	
Building name/number	WEST ADVISORY LIMITED	
Street	E-INNOVATION CENTRE	
	PRIORSLEE	
Post town	TELFORD	
County/Region	SHROPSHIRE	
Postcode	T F 2 9 F T	
Country	ENGLAND	
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	INFO@WESTADVISORY.CO.UK	telephone number. All information on this form will appear on the
Telephone number	01952 350 530	public record.
5	Insolvency practitioner number	
Number	1 7 2 3 2	

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6	Liquidator's name <sup>0</sup>	
		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address 🛭	
Building name/numbe	r	Other Liquidator's details Use this section to tell us about
Street		another liquidator. Use the continuation page to tell us about more than two liquidators.
ost 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	$\begin{bmatrix} d & d & d & d \end{bmatrix}$ $\begin{bmatrix} m & 1 & m & 2 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 1 \end{bmatrix}$	
11	Appointment details	
	The appointment was made by	
	(Tick one)  Company	
	☐ Company ☐ Creditors	
12	Type of liquidation	'
	Tick to confirm the liquidation type	
	☐ Members	
	☑ Creditors	
13	Sign and date	l
Liquidator's signature	Signature	
inquidator 3 signature	X	×
Signature date	$\begin{bmatrix} d & 1 & d & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0$	

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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	NICHOLAS WEST		
Company name	WEST ADVISORY LIMITED		
Address	E-INNOVATION CENTRE		
PRIORSLEE			
Post town	TELFORD		
County/Region	SHROPSHIRE		
Postcode	T F 2 9 F T		
Country	ENGLAND		
DX			
Telephone	01952 350 530		

### ✓ 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

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600 - continuation page

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1	Company details	
Company number		
Company name in full		
2	Liquidator's name	
Full forename(s)		
Surname		
3	Liquidator's address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
4	Liquidator's email address or telephone number •	
Email address		● You must give an email address or telephone number. All information
Telephone number		on this form will appear on the public record.
5	Insolvency practitioner number	pasite receitai
Insolvency practitioner		
number		