

# 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)

|                      |                                                                    |                                                                                                                                      |
|----------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>             | <b>Company details</b>                                             |                                                                                                                                      |
| Company number       | O C 3 0 3 9 4 5                                                    | <b>→ Filling in this form</b><br>Please complete in typescript or in<br>bold black capitals.                                         |
| Company name in full | The Second Mezzanine Film Fund Limited Liability Partnership       |                                                                                                                                      |
| <b>2</b>             | <b>Liquidator's name</b>                                           |                                                                                                                                      |
| Full forename(s)     | Jeremy                                                             |                                                                                                                                      |
| Surname              | Karr                                                               |                                                                                                                                      |
| <b>3</b>             | <b>Liquidator's address</b>                                        |                                                                                                                                      |
| Building name/number | 29th Floor                                                         |                                                                                                                                      |
| Street               | 40 Bank Street                                                     |                                                                                                                                      |
|                      |                                                                    |                                                                                                                                      |
| Post town            | London                                                             |                                                                                                                                      |
| County/Region        |                                                                    |                                                                                                                                      |
| Postcode             | E 1 4 5 N R                                                        |                                                                                                                                      |
| Country              |                                                                    |                                                                                                                                      |
| <b>4</b>             | <b>Liquidator's email address or telephone number <sup>①</sup></b> | <b>①</b> You must give an email address or<br>telephone number. All information<br>on this form will appear on the<br>public record. |
| Email address        | Jeremy.Karr@btguk.com                                              |                                                                                                                                      |
| Telephone number     | 020 7262 1199                                                      |                                                                                                                                      |
| <b>5</b>             | <b>Insolvency practitioner number</b>                              |                                                                                                                                      |
| Number               | 0 0 9 5 4 0                                                        |                                                                                                                                      |

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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)                                                     | Simon John              |                                                                                                                                                                    |
| Surname                                                              | Killick                 |                                                                                                                                                                    |
| <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                                                 | 29th Floor              |                                                                                                                                                                    |
| Street                                                               | 40 Bank Street          |                                                                                                                                                                    |
|                                                                      |                         |                                                                                                                                                                    |
| Post town                                                            | London                  |                                                                                                                                                                    |
| County/Region                                                        |                         |                                                                                                                                                                    |
| Postcode                                                             | E 1 4 5 N R             |                                                                                                                                                                    |
| 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                                                        | Simon.Killick@btguk.com |                                                                                                                                                                    |
| Telephone number                                                     | 020 7262 1199           |                                                                                                                                                                    |
| <b>9 Insolvency practitioner number</b>                              |                         |                                                                                                                                                                    |
| Number                                                               | 2 3 3 9 0               |                                                                                                                                                                    |
| <b>10 Statement of appointment</b>                                   |                         |                                                                                                                                                                    |
| I confirm the appointment of the liquidator(s) on                    |                         |                                                                                                                                                                    |
| Date                                                                 | d 2 5 m 1 1 y 2 0 y 2 1 |                                                                                                                                                                    |
| <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 6 m 1 1 y 2 0 y 2 1 |                                                                                                                                                                    |

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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 **Bharat Shah**

Company name **Begbies Traynor (Central) LLP**

Address **29th Floor**

**40 Bank Street**

Post town **London**

County/Region

Postcode **E 1 4 5 N R**

Country

DX

Telephone **020 7262 1199**

## **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)**