In accordance with section 109 of the Insolvency Act 1986

600

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



THURSDAY

A14

12/09/2019 COMPANIES HOUSE

#52

A22

\*A8CJWGF7\* 24/08/2019 COMPANIES HOUSE

#13

Company number  Company name in full  Liquidator  Full forename(s)  SARGEAN  Surname  SARGEAN  Liquidator  Building name/number  RANBY RO  Post town  SHEFFIELI  County/Region	's address	→ Filling in this form Please complete in typescript or in bold black capitals.	
2 Liquidator  Full forename(s) ANTHONY  Surname SARGEAN  3 Liquidator  Building name/number 108  Street RANBY RO  Post town SHEFFIELD	's name T 's address		
Full forename(s)  Surname  SARGEAN  Liquidator'  Building name/number   108  Street   RANBY RO	's address		
Surname SARGEAN  Liquidator  Building name/number 108  Street RANBY RO  Post town SHEFFIELD	's address		
3 Liquidator Building name/number 108 Street RANBY RO Post town SHEFFIELD	's address		
Building name/number 108  Street RANBY RC  Post town SHEFFIELI			
Street RANBY RO Post town SHEFFIELI	DAD		
Post town SHEFFIELI	DAD		
County/Region	0		
I I			
Postcode S 1 1	7 A L		
Country			
4 Liquidator	s email address or telephone number <sup>©</sup>	You must give an email address or	
Email address tony@ajsar	geant.co.uk	telephone number. All information on this form will appear on the	
Telephone number	_	public record.	
5 Insolvency	practitioner number		
Number	9 6 5 9		

600

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6	Liquidator's name <sup>©</sup>		
Full forename(s)		Other Liquidator's details Use this section to tell us about	
Surname		another liquidator.	
7	Liquidator's address <sup>©</sup>		
Building name/numbe	r	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 <sup>9</sup>	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	d2 d3		
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	X Affangen	×	
Signature date	d 2   d 3   m 0   m 8   y 2   y 0   y 1   y 9		