

600

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



Companies House

FRIDAY



A9AHBKRE

A02

31/07/2020

#316

COMPANIES HOUSE

1 Company details

Company number 0 3 1 6 4 9 8 4

Company name in full THE CENTRE FOR TOMORROW'S COMPANY

→ Filing in this form

Please complete in typescript or in
bold black capitals.

2 Liquidator's name

Full forename(s) ANDREW RICHARD

Surname BAILEY

3 Liquidator's address

Building name/number 5 PARK COURT

Street PYRFORD ROAD

Post town WEST BYFLEET

County/Region SURREY

Postcode K T 1 4 6 S D

Country UNITED KINGDOM

4 Liquidator's email address or telephone number ^①

Email address

Telephone number 01932 336 149


^① You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Number 1 8 8 1 0

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6 Liquidator's name^①	
Full forename(s)	MARTIN CHARLES
Surname	ARMSTRONG
① Other Liquidator's details Use this section to tell us about another liquidator.	
7 Liquidator's address^②	
Building name/number	5 PARK COURT
Street	PYRFORD ROAD
Post town	WEST BYFLEET
County/Region	SURREY
Postcode	K T 1 4 6 S D
Country	UNITED KINGDOM
② Other Liquidator's details Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
8 Liquidator's email address or telephone number^③	
Email address	
Telephone number	01932 336 149
③ You must give an email address or telephone number. All information on this form will appear on the public record.	
9 Insolvency practitioner number	
Number	6 2 1 2
10 Statement of appointment	
I confirm the appointment of the liquidator(s) on	
Date	^d 2 ^d 1 ^m 0 ^m 7 ^y 2 ^y 0 ^y 2 ^y 0
11 Appointment details	
The appointment was made by (Tick one) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Creditors	
12 Type of liquidation	
Tick to confirm the liquidation type <input checked="" type="checkbox"/> Members <input type="checkbox"/> Creditors	
13 Sign and date	
Liquidator's signature	<div>Signature</div> <div>X  X</div>
Signature date	^d 2 ^d 1 ^m 0 ^m 7 ^y 2 ^y 0 ^y 2 ^y 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	JANA SURESH									
Company name	TURPIN BARKER ARMSTRONG									
Address	5 PARK COURT									
	PYRFORD ROAD									
Post town	WEST BYFLEET									
County/Region	SURREY									
Postcode		K	T	1	4		6	S	D	
Country	UNITED KINGDOM									
DX										
Telephone	01932 336 149									



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

600 - continuation page

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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 ¹

Email address

Telephone number

¹ You must give an email address or
telephone number. All information
on this form will appear on the
public record.

5 Insolvency practitioner number

Insolvency practitioner
number