In accordance with section 109 of the Insolvency Act 1986

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

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		urther information, places refer to
	THURSDAY	*ABGYSM57*
1	Company details	17/11/2022 #292 • COMPANIES HOUSE
Company number	· · · · · · · · · · · · · · · · · · ·	→ Filling in this form
	0 9 6 6 0 3 5 4	Please complete in typescript or in bold black capitals.
Company name in full	ACORN DIGITAL LIMITED	bold black capitals.
2	Liquidator's name	
Full forename(s)	PHILLIP ANTHONY	
Surname	ROBERTS	
3	Liquidator's address	
Building name/number	STERLING FORD	μ
Street	CENTURION COURT	
	83 CAMP ROAD	
Post town	ST ALBANS	
County/Region	HERTFORDSHIRE	
Postcode	A L 1 5 J N	
Country	UNITED KINGDOM	
4	Liquidator's email address or telephone number •	• You must give an email address or
Email address	office@sterlingford.co.uk	telephone number. All information on this form will appear on the public record.
Telephone number	01727 811 161	
5	Insolvency practitioner number	·
Number	6055	
	•	
		1

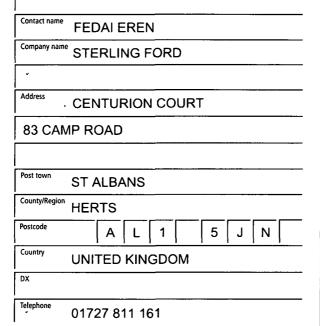
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6	Liquidator's name ¹⁰	•
Full forename(s)		Other Liquidator's details Use this section to tell us about
Surname		another liquidator.
7	Liquidator's address @	:
Building name/number		Other Liquidator's details
Street		Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town		
County/Region		a a
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{array}{c ccccccccccccccccccccccccccccccccccc$,
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	Signature	X
Signature date	d 1 d 4 m 1 m 2 y 2 y 0 y 2 y 2	

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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.



✓ 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