In accordance with Section 1003 of the Companies Act 2006

# **DS01**

# Striking off application by a company



A fee is payable with this form

Please see 'How to pay' on the last page

What this form is for

You may use this form to strike off a company from the Register Please ensure you read the guidance before completing this form

What this form is NOT for

Ause this form to st will a Limited Liability Partners (LLP) To strike off an LLP pleas use form LL DS01 'Striking off application by a limited Partners' Partnership (LLP)'



A07

20/02/2014 COMPANIES HOUSE

| Company details                        |   |   |          |  |   |   |                                                      |   |  |                                                            |
|----------------------------------------|---|---|----------|--|---|---|------------------------------------------------------|---|--|------------------------------------------------------------|
| Company number                         | 0 | 7 | <u> </u> |  | 5 | 4 | 1                                                    | 4 |  | → Filling in this form Please complete in typescript or in |
| Company name in full FOXXFIELD LIMITED |   |   |          |  |   |   | bold black capitals  All fields are mandatory unless |   |  |                                                            |
|                                        |   |   |          |  |   |   |                                                      |   |  | specified or indicated by *                                |

The application

Warning to all applicants

It is an offence to knowingly or recklessly provide false or misleading information on this application

You are advised to read section 4 and to consult the guidance available from Companies House before completing this form. If in doubt, seek professional

I/We as director(s)/the majority of directors apply for this company to be struck off the Register and declare that none of the circumstances described in section 1004 or 1005 of the Companies Act 2006 (being circumstances in which the directors would otherwise be prohibited under those sections from making an application) exists in relation to the company 0

This form must be signed by the sole director if only 1, by both if there are 2, or by the majority if there are more than 2

OPlease read the guidance on our website www.companieshouse.gov.uk or section 1003 or 1004 or the Companies Act 2006 for circumstances under which an

application may not be made

Please note that on dissolution all property and rights etc will be passed to the Crown

**Furtner Guidance** Guidance on striking off is available from our website at www.companieshouse.gov.uk

Signature(s) of the director(s) Name Further signatures ALEX MCPHEE Please use the next page to enter Signature further signatures Signature X Signature date Name LIAM O'REILLY Signature 2014 Signature date

# DS01 Striking off application by a company

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| 4 and to consult the guidance available from Companies House before completing this form. If in doubt, seek professional advice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| т у у у                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signatures This form must be signed by the sole director if only 1, by both if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | there are 2, or by the majority if<br>there are more than 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Further signatures Please use a continuation page if you need to enter further signatures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
| m m y y y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| Notify all parties Please ensure that you send copies of this application to all notifiable parties e g creditors, employees, shareholders, pension managers or trustees and other directors of the company within 7 days from the day on which the application is made  Please also send copies to anyone who later becomes a notifiable party within 7 days of this taking place. This applies from the day of application and before the day on which the application is finally dealt with or withdrawn. Please check the guidance which contain a full list of those who must be notified. Failure to notify interested parties is an offence. It is advisable to obtain and retain some proof of delivery or posting of copies to notifiable parties.  Withdrawal of striking off application by a company If the company ceases to be eligible for striking off at any time after the application is made, and before the application is finally dealt with, as specified in section 1009 of the Companes Act 2006, then the application must be withdrawn using form DSO2 'Withdrawal of striking off application by a company' available from our website. www.companieshouse.  Warning to all interested parties  This is an important notice and should not be ignored. The company named has applied to the Registrar to be struck off the Register and dissolved. Please note that on dissolution any remaining assets will be passed to the Crown The Registrar will strike the company off the register unless there is reasonable cause not to do so. Guidance is available on grounds for objection. If in doubt, seek professional advice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| a management of the state of th | ext  es at you send copies of this application to all notifia apployees, shareholders, pension managers or truste company within 7 days from the day on which the copies to anyone who later becomes a notifiable king place This applies from the day of application in the application is finally dealt with or withdrawn inch contain a full list of those who must be notifie parties is an offence. It is advisable to obtain and or posting of copies to notifiable parties  striking off application by a company leases to be eligible for striking off at any time after adde, and before the application is finally dealt with of the Companies Act 2006, then the application in form DS02 'Withdrawal of striking off application ble from our website www.companieshouse.gov.u.  Il interested parties  tant notice and should not be ignored. The companies Registrar to be struck off the Register and dissons colution any remaining assets will be passed to the listrike the company off the register unless there is so Guidance is available on grounds for objection |  |  |  |  |  |  |  |

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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 ANC          | SELA REID   |  |  |  |  |  |  |
|---------------------------|-------------|--|--|--|--|--|--|
| CAUDLE COUNTING HOUSE LTD |             |  |  |  |  |  |  |
|                           |             |  |  |  |  |  |  |
| Address CAUDL             | E STREET    |  |  |  |  |  |  |
|                           |             |  |  |  |  |  |  |
|                           |             |  |  |  |  |  |  |
| Post town HENF            | ELD         |  |  |  |  |  |  |
| County/Region WE          | ST SUSSEX   |  |  |  |  |  |  |
| Postcode                  | B N 5 9 D Q |  |  |  |  |  |  |
| Country UK                | - 10.4 has  |  |  |  |  |  |  |
| DX                        |             |  |  |  |  |  |  |
| Telephone                 |             |  |  |  |  |  |  |

# 1

#### Checklist

We may return the 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
- ☐ The correct number of current directors have signed and dated the form 1 director if there is only 1 director, both if there are 2, and the majority if there are more than 2 e g. Out of 6 directors, 4 must sign.
- You have included a continuation sheet (available from www.companieshouse.gov.uk) if applicable
- □ Is the company already dissolved or is being dissolved by the Registrar? If so, you cannot file this form
- You have enclosed the correct fee

### Important information

Please note that all information on this form will appear on the public record

## **£** How to pay

A fee of £10 is payable to Companies House in respect of a striking off application

Make cheques or postal orders payable to 'Companies House'

### Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below

For companies registered in England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff

For companies registered in Scotland
The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post)

For companies registered in Northern Ireland The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N.R. Belfast 1

# *i* Further information

For further information please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov uk