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





A09

11/02/2019

COMPANIES HOUSE

COMPANIES HOUSE

A7WDJG49 03/01/2019

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1	Company details	
Company number	0 0 2 3 0 8 2 5	→ Filling in this form Please complete in typescript or in
Company name in full	J.P.KNIGHT LIMITED	bold black capitals
2	Liquidator's name	
Full forename(s)	MARK	
Surname	SUPPERSTONE	
3	Liquidator's address	
Building name/number	22 YORK BUILDINGS	
Street	JOHN ADAM STREET	
Post town	LONDON	
County/Region		
Postcode	WC2N6JU	
Country		
4	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	020 7702 9775	public record
5	Insolvency practitioner number	
Number	9 7 3 4	

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6	Liquidator's name ⁰	
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		
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
felephone number		public record.
9	Insolvency practitioner number	
Number		_
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	
Date	^d 0 	
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	
iquidator's signature	X X	
Signature date	$\begin{bmatrix} d \\ J \end{bmatrix} \begin{bmatrix} d \\ 3 \end{bmatrix} \begin{bmatrix} m \\ J \end{bmatrix} \begin{bmatrix} m \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 8 \end{bmatrix}$	
Signature date	d 3 m 2 y y y y 8	

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4

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		
Company name ReSolve Advisory Limited		
Address 22	2 York Buildings	
John Adam Street		
Post town LC	ondon	
County/Region		
Postcode	W C 2 N 6 J U	
Country		
DX		
Telephone		

✓ 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.

7 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