In accordance with section 109 of the Insolvency Act 1986

## 600



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

\*AA1MVWCE\*
A16 03/04/2021 #56
COMPANIES HOUSE

		COMPANIES HOUSE	
1	Company details		
Company number	1 2 3 2 2 6 6 1	→ Filling in this form  Please complete in typescript or in	
Company name in full	Tipsy Fashion Limited	bold black capitals.	
2	Liquidator's name		
Full forename(s)	Julie Elizabeth		
Surname	Willetts		
3	Liquidator's address		
Building name/number	Blades Insolvency Services		
Street	Charlotte House		
	19B Market Place		
Post town	Bingham		
County/Region	Nottingham		
Postcode	N G 1 3 8 A P		
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	01949831260	public record.	
5	Insolvency practitioner number		
Number	9 1 3 3		

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6	Liquidator's name <sup>0</sup>		
Full forename(s)	Philip Anthony	Other Liquidator's details Use this section to tell us about another liquidator.	
Surname	Brooks		
7	Liquidator's address @		
Building name/number	Blades Insolvency Services	Other Liquidator's details	
Street	Charlotte House	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.	
	19B Market Place		
Post town	Bingham		
County/Region	Nottingham		
Postcode -	N G 1 3 8 A P		
Country		1	
8	Liquidator's email address or telephone number <sup>©</sup>	You must give an email address or	
Email address		telephone number. All information on this form will appear on the public record.	
Telephone number	01949831260		
9 -	Insolvency practitioner number		
Number	9 1 0 5		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	$\begin{bmatrix} d & 1 \end{bmatrix} \begin{bmatrix} d & 9 \end{bmatrix} \begin{bmatrix} m & 0 \end{bmatrix} \begin{bmatrix} m & 3 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix} \begin{bmatrix} y & 0 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix} \begin{bmatrix} y & 1 \end{bmatrix}$		
11	Appointment details		
-	The appointment was made by		
	(Tick one)		
	Company  Creditors		
12	Type of liquidation	<u> </u>	
	Tick to confirm the liquidation type		
	Members		
	✓ Creditors		
13	Sign and date		
	Signature		
Liquidator's signature	× Televe would x		
Signature date	19 003 121021		

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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 **Shelley Hargreaves Blades Insolvency Services** Address **Charlotte House** 19B Market Place Bingham Nottingham County/Region Ν G Country DX Telephone 01949831260

#### 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