In accordance with section 109 of the Insolvency Act 1986

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Companies House

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

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1 C	omnany dataile		
	ompany details		
Company number 1	1 1 7 8 2 9 1 7	→ Filling in this form Please complete in typescript or in bold black capitals.	
Company name in full 4	12Aparthotel Ltd		
2 Li	iquidator's name		
Full forename(s)	Simon		
Surname V	Veir		
3 . Li	quidator's address		
Building name/number 2	2 Lakeside		
Street	Calder Island Way		
Post town V			
County/Region V	Vest Yorkshire		
Postcode V	WF27AW		
Country			
4 Li	quidator's email address or telephone number •	• You must give an email address or	
Email address	MODINECO OFMI	telephone number. All information on this form will appear on the public record.	
Telephone number	01924 790880.		
5 Ir	nsolvency practitioner number		
Number 9	0 9 9		

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6	Liquidator's name [©]	
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 9	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	1 8 0 5 2 7 3	·
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	
erquiadior 3 signature	X lous	X
	Ev h	
Signature date	1 8 0 5 2 0 2 3	

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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	Tom Riordan	
Company name	DS Insolvency Limited	
Address	2 Lakeside	
	Calder Island Way	
Post town	Wakefield	
County/Region	West Yorkshire	
Postcode	W F 2 7 A W	
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