In accordance with section 109 of the Insolvency Act 1986

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08/12/2023

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

		COMPANIES HOUSE			
1	Company details	•			
Company number	0 3 3 5 8 2 3 7	> Filling in this form			
Company name in full	The Carlisle Bed Centre Limited	Please complete in typescript or in bold black capitals.			
2	Liquidator's name				
Full forename(s)	Allan				
Surname	Kelly				
3	Liquidator's address				
Building name/number	Suite 5, Bulman House				
Street	Regent Centre				
Post town	Gosforth				
County/Region	Tyne & Wear]			
Postcode	N E 3 3 L S				
Country					
4	Liquidator's email address or telephone number	You must give an email address or			
Email address	allan.kelly@frpadvisory.com	telephone number. All information on this form will appear on the			
Telephone number	0191 605 3737	public record.			
5 -	Insolvency practitioner number				
Number	9 1 5 6				

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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 4								
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	iquidator's email address or telep	hone 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(
Date	$ \stackrel{d}{2} \stackrel{d}{3} \stackrel{m}{1} \stackrel{m}{1} \stackrel{7}{2} \stackrel{7}{0} \stackrel{9}{1} $	2 3							
11	Appointment details								
	The appointment was made by (Tick one) Company								
40	☐ Creditors								
12	Type of liquidation								
	Tick to confirm the liquidation type Members Creditors								
13	Sign and date								
Liquidator's signature	Signature X	X							
Signature date	^d 0 ^d 4 m1 m2 72 70 72	λ3							

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

Presenter information You do not have to give any contact in

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								
Allan Kelly								
Company name								
FRP Advisory								
Address								
Suite 5, Bulman House								
Regent Centre								
Post town								
Gosforth								
County/Region				-				
Tyne & Wear								
Postcode	l » T	Г	12		12	Тт	Ια	
1 Ostcode	N	E	3		3	L	S	
Country	ــــــــــــــــــــــــــــــــــــــ	Ц	Ь		<u> </u>		Ь	I
Country								
DX								
Telephone								
0191 605 3737								

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