In accordance with section 109 of the Insolvency Act 1986

# 600

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

Companies House

TUESDAY

*A7ERUZV6*
A13 18/09/2018 #323
COMPANIES HOUSE

### 1 Company details

| | |
|---|---|
| Company number | 0 8 7 3 7 2 4 1 |
| Company name in full | SOLENT VIEW CARE HOME LIMITED |

→ *Filling in this form*
Please complete in typescript or in bold black capitals.

### 2 Liquidator's name

| | |
|---|---|
| Full forename(s) | GAVIN GEOFFREY |
| Surname | BATES |

### 3 Liquidator's address

| | |
|---|---|
| Building name/number | 9/10 |
| Street | SCIROCCO CLOSE |
| | MOULTON PARK |
| Post town | NORTHAMPTON |
| County/Region | |
| Postcode | N N 3 6 A P |
| Country | |

### 4 Liquidator's email address or telephone number ❶

| | |
|---|---|
| Email address | GAVINBATES@PBCBUSINESSRECOVERY.CO.UK |
| Telephone number | 01604 212150 |

❶ You must give an email address or telephone number. All information on this form will appear on the public record.

### 5 Insolvency practitioner number

| | |
|---|---|
| Number | 8 9 8 3 |

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## 6 Liquidator's name ❶

| | |
|---|---|
| Full forename(s) | GARY STEVEN |
| Surname | PETTIT |

❶ **Other Liquidator's details** Use this section to tell us about another liquidator.

## 7 Liquidator's address ❷

| | |
|---|---|
| Building name/number | 9/10 |
| Street | SCIROCCO CLOSE |
| | MOULTON PARK |
| Post town | NORTHAMPTON |
| County/Region | |
| Postcode | N N 3 6 A P |
| Country | |

❷ **Other Liquidator's details** Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.

## 8 Liquidator's email address or telephone number ❸

| | |
|---|---|
| Email address | GARYPETTIT@PBCBUSINESSRECOVERY.CO.UK |
| Telephone number | 01604 212150 |

❸ You must give an email address or telephone number. All information on this form will appear on the public record.

## 9 Insolvency practitioner number

| | |
|---|---|
| Number | 9 0 6 6 |

## 10 Statement of appointment

I confirm the appointment of the liquidator(s) on

| | |
|---|---|
| Date | d 0 5 m 0 9 y 2 0 y 1 y 8 |

## 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 X [signature] X |
| Signature date | d 1 3 m 0 9 y 2 0 y 1 y 8 |

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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: NATASHA PINK

Company name: PBC BUSINESS RECOVERY &

INSOLVENCY LTD

Address: 9/10 SCIROCCO CLOSE

MOULTON PARK

Post town: NORTHAMPTON

County/Region:

Postcode: N N 3 6 A P

Country:

DX:

Telephone: 01604 212150

## 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