

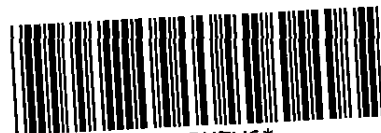
600

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



Companies House

TUESDAY



A13

A7ERUZV6

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 ^①

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

^① 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

600

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

6	Liquidator's name ^①		① Other Liquidator's details Use this section to tell us about another liquidator.
Full forename(s)	GARY STEVEN		
Surname	PETTIT		
7	Liquidator's address ^②		② 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.
Building name/number	9/10		
Street	SCIROCCO CLOSE		
	MOULTON PARK		
Post town	NORTHAMPTON		
County/Region			
Postcode	N N 3 6 A P		
Country			
8	Liquidator's email address or telephone number ^③		③ You must give an email address or telephone number. All information on this form will appear on the public record.
Email address	GARYPETTIT@PBCBUSINESSRECOVERY.CO.UK		
Telephone number	01604 212150		
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 d 5 m 0 m 9 y 2 y 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 <i>L L Butte</i> X		
Signature date	d 1 d 3 m 0 m 9 y 2 y 0 y 1 y 8		

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

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