In accordance with section 109 of the Insolvency Act 1986

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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details					
Company number	0 1 2 3 7 5 4 1	→ Filling in this form				
Company name in full	C. & E. Franks Limited	Please complete in typescript or in bold black capitals.				
2	Liquidator's name					
Full forename(s)	Michael James					
Surname	Gregson					
3	Liquidator's address					
Building name/number	TC Bulley Davey Limited					
Street ·	Brightfield Business Hub	-				
	Bakewell Road					
Post town	Orton Southgate	-				
County/Region	Peterborough					
Postcode	P E 2 6 X U					
Country						
4	Liquidator's email address or telephone number • • You must give an email a					
Email address		telephone number. All information on this form will appear on the				
Telephone number	01733 569494	public record.				
5	Insolvency practitioner number					
Number	9339					

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6	Liquidator'	's name [©]						
Full forename(s)	ename(s)						Other Liquidator's details	
Surname	İ						Use this section to tell us about another liquidator.	
7	Liquidator	's address •	•					
Building name/numbe						-	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	s email add	ress or	r teleph	one 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(s) on							
Date	^d 1 ^d 9	8" 0"	^y 2	^y 0 ^y 2	⁷ 2			
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 da	ate						
Liquidator's signature	Signature	5)		-	X		
Signature date	^d 1 ^e 9	"o "B	72	⁷ 0 [⁷ 2]	y <u>2</u>			

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Pre:	senter information	Important information	
you do it on the fo	ot have to give any contact information, but if will help Companies House if there is a query rm. The contact information you give will be searchers of the public record.	All information on this form will appear on the public record.	
Contact name	Denise Gordon	W Where to send	
Company name	TC Bulley Davey Limited	You may return this form to any Companies House address, however for expediency we advise you return it to the address below:	
Address	Brightfield Business Hub Bakewell Road Orton Southgate	The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.	
Post town County/Region	Peterborough		
Postcode Country	PE26XU	7 Further information	
DX Telephone	01733 569494	For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk	
✓ Check	cklist	This form is available in an	
We may return forms completed incorrectly or with information missing. Please make sure you have remembered the following:		alternative format. Please visit forms page on the website at www.gov.uk/companieshouse	
inform	ompany name and number match the nation held on the public Register. ave signed and dated the form.		