In accordance with section 109 of the Insolvency Act 1986

## 600



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

MONDAY



409

19/08/2019 #29 COMPANIES HOUSE

1	Company details							
Company number	0 2 9 0 7 1 8 3	→ Filling in this form Please complete in typescript or in bold black capitals.						
Company name in full	A.V. Specialised Joiners Limited							
2	Liquidator's name							
Full forename(s)	Bijal							
Surname	Shah	1						
3	Liquidator's address							
Building name/number	27 Church Street							
Street		1						
		1						
Post town	Rickmansworth	1						
County/Region	Hertfordshire	1						
Postcode	W D 3 1 D E	-						
Country		7						
4	Liquidator's email address or telephone number •							
Email address	bijal.shah@edgerecovery.com	You must give an email address or telephone number. All information on this form will appear on the public record.						
Telephone number	+44 (0)1923 776 223							
5	Insolvency practitioner number							
Number	8 7 1 7							

	600  Notice of appointment of liquidator in a members' or gradit	·						
	Notice of appointment of liquidator in a members' or credit voluntary winding up	ors						
6	Liquidator's name							
Full forename(s)		Other Liquidator's details Use this section to tell us about another liquidator						
Surname								
7	Liquidator's address •							
Building		Other Liquidator's details						
name/number 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							
Email address		You must give an email address or telephone number. All information on this form will appear on the						
Telephone number		public record.						
9	Insolvency practitioner number							
Number								
10	Statement of appointment	<del></del>						
	I confirm the appointment of the liquidator(s) on							
Date	1 6 0 8 2 0 1 9							
11	Appointment details							
	(Tick one) ☐ Company ☐ Creditors The appointment was made by							

12	Type of liquidation								
	□ _Members								
	☐ Creditors								
	 Tick to confirm the liquidation type	,							
13	Sign and date								
Liquidator's signatu	re								
	×	×							
Signature date	Signature	 							
	600								
	Notice of appointment of liquidator in a member voluntary winding up	s' or creditors'							
	Presenter information	Important 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.	All information on this form will appear on the public record.							
	Bijal Shah	☑ Where to send							
	Edge Recovery Limited	You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:							
	27 Church Street	The Registrar of Companies, Companies House,							
		Crown Way, Cardiff, Wales, CF14 3UZ.  DX 33050 Cardiff.							
	Rickmansworth								
	Hertfordshire								
	Postcode W D 3 1 D E	Further information							
	DX	For further information please see the guidance notes on the website at www.gov.uk/companieshouse							
	+44 (0)1923 776 223	or email enquiries@companieshouse.gov.uk							
	✓ Checklist	This form is available in an							
	We may return forms completed incorrectly or with information missing.	alternative format. Please visit the							
		forms page on the website at							
	Please make sure you have remembered the	www.gov.uk/companieshouse							

following:

☐ The company name and number match the

12/17 Version 1.0

section 109 of the Insolvency Act 1986.

600 - continuation page

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

<del></del>	Com	pan	y de	eta	ils			,	1	
Company number	0	2	9	0	7	1	8	3		
Company name in full	A.V. Specialised Joiners Limited									
2	Liqui	Liquidator's name								
Full forename(s)										
Surname	$\Box$				-					
3	Liqu	idat	or's	ad	dres	s				<del></del>
Building name/number										
Street						-		-		
Post town										
County/Region										
Postcode			,							
Country				<u></u>				_		
4	Liqu	idat	or's	em	nail a	addı	ress	or t	elephone number	
Email address										You must give an email address or
Telephone number										telephone number. All information on this form will appear on the public record.
5	Inso	iven	cy k	orac	ctitic	ner	nur	nbe	•	
Insolvency practitioner number										
										12/17 Version 1.0