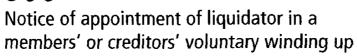
In accordance with section 109 of the Insolvency Act 1986 600





TUESDAY



A20

05/03/2019 #1 COMPANIES HOUSE

1	Company details	
Company number	4 1 7 6 7 3 4	→ Filling in this form Please complete in typescript or in
Company name in full	FLINTGUARD LIMITED	bold black capitals.
2	Liquidator's name	
ull forename(s)	LAURENCE GERALD	
Surname	FACTOR	
3	Liquidator's address	
Building name/number	LYNWOOD HOUSE	
Street	373-375 STATION ROAD	
Post town	HARROW	
County/Region	MIDDLESEX	
Postcode	H A 1 2 A W	
Country	UK	
4.	Liquidator's email address or telephone number • • You must give an em	
mail address	insolvency@newmanandpartners.co.uk	telephone number. All informatio on this form will appear on the
Telephone number	020 8357 2727.	public record.
5	Insolvency practitioner number	-
Number	3 1 5 1	
Number	h	

600
Notice of appointment of liquidator in a members' or creditors' voluntary winding up

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 [©]	<u> </u>
Building name/number		Other Liquidator's details Use this section to tell us about
Street		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 ©	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 3 ^d 1	
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 date	^d 0 ^d 4 ^m 0 ^m 3 ^y 2 ^y 0 ^y 1 ^y 9	

600

following:

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

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		
Company name		
Address		
Post town		
County/Region		
Postcode		
Country		
OX		
Telephone		
2 61	III .	
Chec	KIIST	
	eturn forms completed incorrectly or mation missing.	
Please m	ake sure you have remembered the	

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.

Turther 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