In accordance with section 109 of the Insolvency Act 1986

600



Companies House

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

WEDNESDAY



A8E9448X
A22 18/09/2019
COMPANIES HOUSE

#57

Company number Company number Company name in full NYC LIMITED Liquidator's name Full forename(s) Surname Findlay Liquidator's address Building name/number Saxon House Street Saxon Way Cheltenham County/Region Postcode G L 5 2 6 Q X Country Liquidator's email address or telephone number Liquidator's email address or telephone number O 1242 576555 Insolvency practitioner number Number O 0 8 7 4 4 4			
Please complete in typescript or in bold black capitals. 2	1	Company details	
Company name in full NYC LIMITED bold black capitals. 2	Company number	0 6 6 5 7 3 2 9	Please complete in typescript or in
Full forename(s) Alisdair J Surname Findlay 3 Liquidator's address Building name/number Saxon House Street Saxon Way Post town Cheltenham County/Region Postcode G L 5 2 6 Q X Country 4 Liquidator's email address or telephone number Email address Telephone number 01242 576555 Insolvency practitioner number	Company name in full	NYC LIMITED	
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Email address Telephone number O1242 576555 Insolvency practitioner number	Country		
Telephone number 01242 576555 Insolvency practitioner number On this form will appear on the public record.	4	Liquidator's email address or telephone number •	telephone number. All information on this form will appear on the
5 Insolvency practitioner number	Email address		
	Telephone number	01242 576555	
Number 0 0 8 7 4 4	5	Insolvency practitioner number	
	Number	0 0 8 7 4 4	

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

6	Liquidator's name ⁰		
Full forename(s)		Other Liquidator's details	
Surname		Use this section to tell us about another liquidator.	
7	Liquidator's address o		
Building name/number	r	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 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 public record.	
Telephone number			
9	Insolvency practitioner number		
Number			
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	1 6 Ö Ö Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý		
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	·	
iquidator's signature	Signature X	×	
Signature date	1 6 0 9 2 0 1 9		