In accordance with section 109 of the Insolvency Act 1986

600



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

Companies House



COMPANIES HOUSE

| 1 | Company details | |
|---|--------------------------------|---|
| Company number | 0 7 3 4 0 1 0 2 | → Filling in this form Please complete in typescript or # |
| Company name in full | Wells Solutions Inc Limited | bold black capitals. |
| | | |
| 2 | Liquidator's name | |
| ull forename(s) | John William | |
| Surname | Butler | |
| 3 | Liquidator's address | |
| Building name/number | Westminster Business Centre | |
| street | 10 Great North Way | |
| | Nether Poppleton | |
| ost town | York | |
| County/Region | North Yorkshire | |
| Postcode | Y O 2 6 6 R B | |
| Country | | |
| Liquidator's email address or telephone number ⁰ | | • You must give an email address |
| mail address | | telephone number. All information on this form will appear on the |
| elephone number | 01904 520116 | public record |
| 5 | Insolvency practitioner number | |
| lumber | 9 5 9 1 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| 6 | Liquidator's name [©] | | |
|----------------------|---|---|--|
| ull forename(s) | Andrew James | Other Liquidator's details Use this section to tell us about another liquidator. | |
| urname | Nichols | | |
| 7 | Liquidator's address 🛮 | | |
| Building name/number | Westminster Business Centre | Other Liquidator's details | |
| treet | 10 Great North Way | Use this section to tell us about another liquidator Use the | |
| | Nether Poppleton | continuation page to tell us about more than two liquidators | |
| ost town | York | | |
| County/Region | North Yorkshire | | |
| ostcode | Y O 2 6 6 R B | | |
| ountry | | | |
| | Liquidator's email address or telephone number 🏻 | You must give an email address o | |
| mail address | karen@redmannicholsbutler.co.uk | telephone number. All information on this form will appear on the public record | |
| elephone number | 01904 520116 | | |
| | Insolvency practitioner number | | |
| lumber | 8 3 6 7 | | |
| 10 | Statement of appointment | | |
| | I confirm the appointment of the liquidator(s) on | | |
| Pate | 07 16 2079 | | |
| 11 | Appointment details | | |
| | The appointment was made by (Tick one) | | |
| | □ Company | | |
| | ☑ Creditors | | |
| 2 | Type of liquidation | | |
| | Tick to confirm the liquidation type | | |
| | ■ Members☑ Creditors | | |
| | Creditors | | |
| 13 | Sign and date | | |
| quidator's signature | × W+ | | |
| gnature date | 6 7 ΓΙ ΓΟ γ2 γο γι 9 | | |