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



27/03/2020

Company name in full	-	
Company name in full The Green Souad Limited Please complete in type bold black capitals. Liquidator's name Surname Butler Liquidator's address Building name/number Westminster Business Centre Street 10 Great North Way Nether Poppleton Post town York County/Region North Yorkshire Postcode Y O 2 6 6 R B Country United Kingdom Liquidator's email address or telephone number You must give an email elephone number. All on this form will appear.		
Company name in full	Please complete in typescript or in	
Full forename(s) John William Surname Butler 3 Liquidator's address Building name/number Westminster Business Centre Street 10 Great North Way Nether Poppleton Post town York County/Region North Yorkshire Postcode Y O 2 6 6 R B Country United Kingdom Liquidator's email address or telephone number You must give an email elephone number. All on this form will appear		
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on this form will appear	address or	
	telephone number. All information on this form will appear on the	
Telephone number 01904 520116 public record.		
5 Insolvency practitioner number		
Number 9 5 9 1		

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6	Liquidator's name [●]		
Full forename(s)	Andrew James	Other Liquidator's details Use this section to tell us about	
Surname	Nichols	another liquidator.	
7	Liquidator's address •		
Building name/number	Westminster Business Centre	Other Liquidator's details	
Street	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.	
Post town	York		
County/Region	North Yorkshire		
Postcode	Y O 2 6 6 R B		
Country	United Kingdom	_	
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	01904 520116	public record.	
9	Insolvency practitioner number		
Number	8 3 6 7		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	do d4		
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	×	
Signature date	$\begin{bmatrix} d & 1 & \end{bmatrix} \begin{bmatrix} d & 1 & \end{bmatrix} \begin{bmatrix} m & 0 & \end{bmatrix} \begin{bmatrix} m & 3 & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$		
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Proceedings information
Presenter 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.
Contact лате
Company name
Address
Post town
County/Region
Postcode
Country
DX
Telephone
✓ Checklist
We may return forms completed incorrectly or with information missing.
Please make sure you have remembered the following:
☐ 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.

Further 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