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

For further information, please refer to our guidance at www.gov.uk/companieshouse

1	Company details							
Company number	0 8 5 1 2 2 3 7	→ Filling in this form						
Company name in full	I P S INVEST LIMITED	Please complete in typescript or in bold black capitals.						
2	Liquidator's name							
Full forename(s)	Robert Lochmohr							
Surname	Cooksey	American Control of Co						
3	Liquidator's address							
Building name/number	Bridgestones							
Street	125/127 Union Street							
Post town	Oldham							
County/Region								
Postcode	O L 1 T E United Kingdom							
Country								
4	Liquidator's email address or telephone number 🏻	• You must give an email address or						
Email address	mall@bridgestones.co.uk	telephone number. All information on this form will appear on the						
Telephone number	0161 785 3700	public record.						
5	Insolvency practitioner number							
Number	9 0 4 0							

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

6	Liquidator's name [©]							
Full forename(s)		Other Liquidator's details						
Surname		Use this section to tell us about another liquidator.						
7	Liquidator's address @							
Building name/number		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		The state of the s						
Postcode								
Country								
8	Liquidator's email address or telephone number 9	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							
	1 confirm the appointment of the liquidator(s) on							
Date	d3 d0 m0 m6 y2 y0 y2 y2							
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 M 7	×						
Signature date	3 60 0 5 72 70 72 12							

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

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. Robert Cooksey Bridgestones Address 125/127 Union Street Post town Oldham County/Region Postcode 0 Country United Kingdom DΧ Telephone 0161 785 3700 Checklist We may return forms completed incorrectly or

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

In accordance with section 109 of the Insolvency Act 1986.

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

1	Comp	anv	deta	ils				
Company number	h			-			Ministrative	
Company name in full			!					
2	Liquic	lator	's na	me				
Full forename(s)		·····		***************************************		***************************************		
Surname								
3	Liquio	dator	's ac	ldres	S		A CONTRACTOR OF THE PROPERTY O	
Building name/number		·········		*				
Street								
Post town		***************************************	***************************************					50000
County/Region				 	· ······			
Postcode				····				
Country					·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mr. My	
4	Liquio	lator	's er	nail	addr	ess	or telephone number •	
Email address		· · · · · · · · · · · · · · · · · · ·						O You must give an email address or
Telephone number				***************************************				telephone number. All information on this form will appear on the public record.
5	Insolv	/ency	/ pra	ctitie	oner	nun	nber	
Insolvency practitioner number								
-								