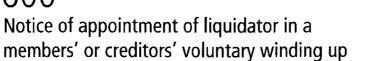
In accordance with section 109 of the Insolvency Act 1986 600





FRIDAY



refer to

A27 07/06/2019 COMPANIES HOUSE

Company details → Filling in this form 8 3 0 Company number Please complete in typescript or in bold black capitals. Company name in full Baffi Holdings Ltd T/A Baffi Liquidator's name Shane Full forename(s) Surname Biddlecombe Liquidator's address Building name/number | HJS Recovery (UK) Ltd Street 12-14 Carlton Place Post town Southampton County/Region Hampshire Postcode 0 1 lΑ 5 2 E Country Liquidator's email address or telephone number • • You must give an email address or telephone number. All information **Email address** on this form will appear on the public record. Telephone number 023 8023 4222 Insolvency practitioner number Number 2 5

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

6	Liquidator's name [©]	
Full forename(s)	Gordon	Other Liquidator's details Use this section to tell us about
Surname	Johnston	another liquidator.
7	Liquidator's address o	10000
uilding name/number	HJS Recovery (UK) Ltd	Other Liquidator's details
Street	12-14 Carlton Place	Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.
Post town	Southampton	
County/Region	Hampshire	
Postcode	S O 1 5 2 E A	
Country		
8	Liquidator's email address or telephone number ● You must give an email address	
Email address		telephone number. All information on this form will appear on the
Telephone number	023 8023 4222	public record.
9	Insolvency practitioner number	
Number	8 6 1 6	
10	Statement of appointment	
	I confirm the appointment of the liquidator(s) on	The second secon
Date	3 5 2 0 1 9	
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	0 4 0 6 2 0 1 9	

600

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.

Contact name	Sam Jones	
Company rame	HJS Recovery (UK) Ltd	
Address	12/14 Carlton Place	
	Southampton	
Post town	SO15 2EA	
County/Region		
Postcode		
Country		
DX		
Telephone	023 8023 4222	

✓ 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.

7 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