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** Company details Company number Filling in this form Please complete in typescript or in Company name in full Salon 36 (2017) Ltd bold black capitals. Liquidator's name Full forename(s) Gareth Surname **Bishop** Liquidator's address Building name/number 10 St Helen's Road Street Post town Śwansea County/Region Postcode Country Liquidator's email address or telephone number • O You must give an email address or telephone number. All information Email address garetha realisterco.co.ukon this form will appear on the public record. Telephone number 03300563600 Insolvency practitioner number Number

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6	Liquidator's name <sup>0</sup>		
Full forename(s)	Sandra	Other Liquidator's details     Use this section to tell us about another liquidator.	
Surname	McAlister		
7	Liquidator's address o		
Building name/numbe	10 St Helen's Road	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	Swansea		
County/Region			
Postcode	SAI 4AW		
Country			
8	Liquidator's email address or telephone number •	You must give an email address or	
Email address	Sandra a Mcalister co. co. viki	telephone number. All information on this form will appear on the public record.	
Telephone number	03300563600		
9	Insolvency practitioner number		
Number	9 3 7 5		
10	Statement of appointment		
	I confirm the appointment of the liquidator(s) on		
Date	0 7 0 9 2 0 2 0	•	
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		
	14		
ignature date	d         0         8         0         9         7         2         0         7         2         0		
· .			
		·	

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#### 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	Huw Jones	
Company name	McAlister & Co Insolvency	
	Practitioners Limited	
Address	10 St Helen's Road	
	Swansea	
Post town	SA1 4AW	
County/Region		
Postcode		
Country		
DX		
Telephone	03300563600	

#### ✓ 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