

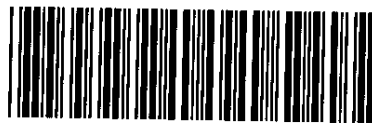
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Notice of appointment of liquidator in a members' or creditors' voluntary winding up



Companies House

WEDNESDAY



A10 *A77JD60I* #119
06/06/2018
COMPANIES HOUSE

to

1 Company details

Company number 1 0 7 2 6 6 6 9

Company name in full Panaro's Cafe Bar Limited

→ Filling in this form
Please complete in typescript or in bold black capitals.

2 Liquidator's name

Full forename(s) Vincent A

Surname Simmons

3 Liquidator's address

Building name/number 7 St. Petersgate

Street Stockport

Post town Cheshire

County/Region

Postcode S K 1 1 E B

Country

4 Liquidator's email address or telephone number ^①

Email address v.simmons@bvllp.com

Telephone number 0161 476-9000

① You must give an email address or telephone number. All information on this form will appear on the public record.

5 Insolvency practitioner number

Number 8 8 9 8

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6 Liquidator's name [ⓐ]

Full forename(s)

Surname

ⓑ Other Liquidator's details

Use this section to tell us about another liquidator.

7 Liquidator's address [ⓐ]

Building name/number

Street

Post town

County/Region

Postcode

Country

ⓑ Other Liquidator's details

Use this section to tell us about another liquidator. Use the continuation page to tell us about more than two liquidators.

8 Liquidator's email address or telephone number [ⓐ]

Email address

Telephone number

ⓑ You must give an email address or telephone number. All information on this form will appear on the public record.

9 Insolvency practitioner number

Number

10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

d	d	m	m	y	y	y	y
0	4	0	6	2	0	1	8

11 Appointment details

The appointment was made by
(Tick one)

- Company
 Creditors

12 Type of liquidation

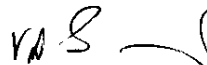
Tick to confirm the liquidation type

- Members
 Creditors

13 Sign and date

Liquidator's signature

Signature

X  X

Signature date

d	d	m	m	y	y	y	y
0	4	0	6	2	0	1	8

600

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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 **Sharon Feldmann**

Company name **BV Corporate Recovery & Insolvency Services Limited**

Address **7 St. Petersgate
Stockport**

Post town **Cheshire**

County/Region

Postcode **S K 1 1 E B**

Country

DX

Telephone **0161 476-9000**

 **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