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



Companies House

For full information, please refer to



A6ZZQ9EW

A20

17/02/2018

#414

COMPANIES HOUSE

1 Company details

Company number 0 3 1 2 0 0 2 1

Company name in full Caring For You PTS Limited

SATURDAY

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

2 Liquidator's name

Full forename(s) Vincent John

Surname Green

3 Liquidator's address

Building name/number CCW Recovery Solutions

Street 4 Mount Ephraim Road

Post town Tunbridge Wells

County/Region Kent

Postcode T N 1 1 E E

Country

4 Liquidator's email address or telephone number ¹

Email address info@ccwrecoveryolutions.co.uk

Telephone number 01892 700200

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 9 4 1 6

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6 Liquidator's name ¹

Full forename(s)	Mark
Surname	Newman

1 Other Liquidator's details
Use this section to tell us about another liquidator.

7 Liquidator's address ²

Building name/number	CCW Recovery Solutions
Street	4 Mount Ephraim Road
Post town	Tunbridge Wells
County/Region	Kent
Postcode	T N 1 1 E E
Country	

2 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 ³

Email address	info@ccwrecoveryolutions.co.uk
Telephone number	01892 700200

3 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	8	7	2	3				
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10 Statement of appointment

I confirm the appointment of the liquidator(s) on

Date	^d 0	^d 6	^m 0	^m 2	^y 2	^y 0	^y 1	^y 8
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11 Appointment details

The appointment was made by (Tick one)

Company

Creditors

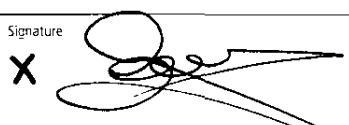
12 Type of liquidation

Tick to confirm the liquidation type

Members

Creditors

13 Sign and date

Liquidator's signature	Signature		X					
Signature date	^d 1	^d 3	^m 0	^m 2	^y 2	^y 0	^y 1	^y 8

X

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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 **Joe Longhurst**

Company name **CCW Recovery Solutions**

Address **4 Mount Ephraim Road**

Post town **Tunbridge Wells**

County/Region **Kent**

Postcode

	T	N	1			1	E	E
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Country

DX

Telephone **01892 700200**

 **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