

600

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



Companies House

WEDNESDAY



\*A7I726YX\*  
A06 07/11/2018 #370  
COMPANIES HOUSE

or to

**1** Company details

Company number 0 3 9 2 6 7 7 9

Company name in full Proactive Marketing Limited

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

**2** Liquidator's name

Full forename(s) James Stephen

Surname Pretty

**3** Liquidator's address

Building name/number Beacon, 99

Street Leigh Road

Post town Eastleigh

County/Region Hampshire

Postcode S O 5 0 9 D R

Country

**4** Liquidator's email address or telephone number <sup>Ⓢ</sup>

Email address

Telephone number 02380 651441

<sup>Ⓢ</sup> 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 0 6 5

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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
2	5	1	0	2	0	1	8

**11 Appointment details**

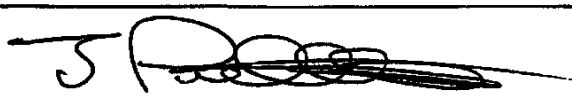
The appointment was made by  
(Tick one)  
 Company  
 Creditors

**12 Type of liquidation**

Tick to confirm the liquidation type  
 Members  
 Creditors

**13 Sign and date**

Liquidator's signature 

Signature		X
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Signature date 

d	d	m	m	y	y	y	y
2	5	1	0	2	0	1	8

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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 **James Pretty**

Company name **Beacon**

Address **99 Leigh Road**

Post town **Eastleigh**

County/Region **Hampshire**

Postcode **S O 5 0 9 D R**

Country

DX

Telephone **02380 651441**

 **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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)

In accordance with section 109 of the Insolvency Act 1986.

# 600 - continuation page

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<b>1 Company details</b>	
Company number	<input type="text"/>
Company name in full	<input type="text"/>

<b>2 Liquidator's name</b>	
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>

<b>3 Liquidator's address</b>	
Building name/number	<input type="text"/>
Street	<input type="text"/>
Post town	<input type="text"/>
County/Region	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

<b>4 Liquidator's email address or telephone number</b> ●	
Email address	<input type="text"/>
Telephone number	<input type="text"/>

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

<b>5 Insolvency practitioner number</b>	
Insolvency practitioner number	<input type="text"/>