

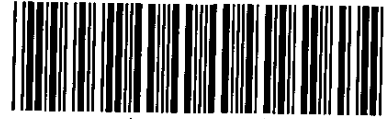
# 600

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



Companies House

MONDAY



A09 \*A7JJJNLK\* #200  
26/11/2018  
COMPANIES HOUSE

### 1 Company details

Company number	08825337
Company name in full	S.H.S. INNS LTD

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

### 2 Liquidator's name

Full forename(s)	SHANE
Surname	BIDDLECOMBE

### 3 Liquidator's address

Building name/number	HJS RECOVERY (UK) LTD
Street	12-14 CARLTON PLACE
Post town	SOUTHAMPTON
County/Region	HAMPSHIRE
Postcode	S O 1 5 2 E A
Country	

### 4 Liquidator's email address or telephone number <sup>①</sup>

Email address	shane.biddlecombe@hjssolutions.co.uk
Telephone number	

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 2 5
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**6** Liquidator's name <sup>①</sup>

Full forename(s)

Surname

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

**7** Liquidator's address <sup>②</sup>

Building name/number

Street

Post town

County/Region

Postcode

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 <sup>③</sup>

Email address

Telephone number

**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

**10** Statement of appointment

I confirm the appointment of the liquidator(s) on

Date

<sup>d</sup>0 <sup>d</sup>8    <sup>m</sup>1 <sup>m</sup>0    <sup>y</sup>2 <sup>y</sup>0 <sup>y</sup>1 <sup>y</sup>8

**11** Appointment details

The appointment was made by **BY BLOCK TRANSFER ORDER**  
(Tick one)

- Company  
 Creditors

**12** Type of liquidation

Tick to confirm the liquidation type

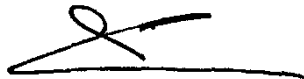
- Members  
 Creditors

**13** Sign and date

Liquidator's signature

Signature

X



X

Signature date

<sup>d</sup>2 <sup>d</sup>3    <sup>m</sup>1 <sup>m</sup>1    <sup>y</sup>2 <sup>y</sup>0 <sup>y</sup>1 <sup>y</sup>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 **MICHAEL QUICK**

Company name **HJS RECOVERY (UK) LTD**

Address **12-14 CARLTON PLACE**

Post town **SOUTHAMPTON**

County/Region **HAMPSHIRE**

Postcode 

S	0	1	5		2	E	A
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Country

DX

Telephone **02380 234 222**

 **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)