

600

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



Companies House

For further information, please refer to
our guidance at
www.gov.uk/companieshouse

1 Company details

Company number 1 1 3 1 6 4 4 5

Company name in full Black Sands Media Limited

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

2 Liquidator's name

Full forename(s) James Edmund

Surname Patchett

3 Liquidator's address

Building name/number 5 Park Court

Street Pyrford Road

Post town West Byfleet

County/Region Surrey

Postcode K T 1 4 6 S D

Country United Kingdom

4 Liquidator's email address or telephone number ¹

Email address james.patchett@turpinba.co.uk

Telephone number 01932 336149

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 3 4 5

600

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6 Liquidator's name ^①

Full forename(s) Martin Charles
Surname Armstrong

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

7 Liquidator's address ^②

Building name/number 5 Park Court
Street Pyrford Road
Post town West Byfleet
County/Region Surrey
Postcode K T 1 4 6 S D
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 martin.armstrong@turpinba.co.uk
Telephone number 01932 336149

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 6 2 1 2

10 Statement of appointment

I confirm the appointment of the liquidator(s) on
Date ^d2 ^d0 ^m0 ^m9 ^y2 ^y0 ^y2 ^y1


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 ^d2 ^d1 ^m0 ^m9 ^y2 ^y0 ^y2 ^y1

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voluntary winding up

 **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 Jason Wolff

Company name Turpin Barker Armstrong

Address 5 Park Court

Pyrford Road

Post town West Byfleet

County/Region Surrey

Postcode

| | | | | | | | | |
|--|---|---|---|---|--|---|---|---|
| | K | T | 1 | 4 | | 6 | S | D |
|--|---|---|---|---|--|---|---|---|

Country United Kingdom

DX

Telephone 01932 336149

 **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

600 - continuation page

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1 Company details

| | | |
|----------------------|----------------------|--|
| Company number | <input type="text"/> | |
| Company name in full | <input type="text"/> | |

2 Liquidator's name

| | | |
|------------------|----------------------|--|
| Full forename(s) | <input type="text"/> | |
| Surname | <input type="text"/> | |

3 Liquidator's address

| | | |
|----------------------|----------------------|--|
| 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"/> | |

4 Liquidator's email address or telephone number ¹

| | | |
|------------------|----------------------|---|
| Email address | <input type="text"/> | ¹ You must give an email address or telephone number. All information on this form will appear on the public record. |
| Telephone number | <input type="text"/> | |

5 Insolvency practitioner number

| | | |
|--------------------------------|----------------------|--|
| Insolvency practitioner number | <input type="text"/> | |
|--------------------------------|----------------------|--|