

# 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](http://www.gov.uk/companieshouse)

<b>1 Company details</b>	
Company number	03739495
Company name in full	03739495 LIMITED (FORMERLY URBAN RHYTHM LIMITED)
→ Filling in this form Please complete in typescript or in bold black capitals.	
<b>2 Liquidator's name</b>	
Full forename(s)	Sonia Louise
Surname	Baigent
<b>3 Liquidator's address</b>	
Building name/number	5
Street	Old Forge Road Ashby Magna
Post town	Lutterworth
County/Region	Leicestershire
Postcode	L E 1 7 5 N L
Country	UK
<b>4 Liquidator's email address or telephone number <sup>①</sup></b>	
Email address	sonia@assistbc.com
Telephone number	01455 560042
① 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>	
Number	9 4 9 4

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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 

d	0	9	m	11	y	2	0	2	0
---	---	---	---	----	---	---	---	---	---

\_\_\_\_\_

**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	1	2	m	11	y	2	0	2	0
---	---	---	---	----	---	---	---	---	---

\_\_\_\_\_

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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	Sonia Baigent					
Company name	Assist Business Consulting Ltd					
Address						
Post town						
County/Region						
Postcode	L	E	1	7	5	N L
Country	UK					
DX						
Telephone	01455 560042					

 **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)