



Companies House

CS01_(ef)

Confirmation Statement

Company Name: **ALL SEASONS HOME CARE (CARLISLE) LIMITED**

Company Number: **07347506**



Received for filing in Electronic Format on the: **19/08/2021**

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Company Name: **ALL SEASONS HOME CARE (CARLISLE) LIMITED**

Company Number: **07347506**

Confirmation **17/08/2021**

Statement date:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	100
	A	Aggregate nominal value:	100
Currency:	GBP		

Prescribed particulars

HAVE ATTACHED TO THEM FULL VOTING, DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) RIGHTS; THEY DO NOT CONFER A RIGHT OF REDEMPTION. THEY MAY BE CONSIDERED SEPARATELY FROM OTHER ORDINARY SHARES WHEN CONSIDERING DIVIDENDS.

Class of Shares:	ORDINARY	Number allotted	40
	B	Aggregate nominal value:	40
Currency:	GBP		

Prescribed particulars

ORDINARY B SHARES RANK PARI PASSU WITH OHER ORDINARY SHARE CLASSES BUT MAY BE CONSIDERED SEPARATELY BY THE DIRECTORS WHEN CONSIDERING DIVIDENDS.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	140
		Total aggregate nominal value:	140
		Total aggregate amount	0
		unpaid:	

Confirmation Statement

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor