



Confirmation Statement

Company Name: **Able Care and Health Limited**

Company Number: **08482314**



X64L42OP

Received for filing in Electronic Format on the: **18/04/2017**

Company Name: **Able Care and Health Limited**

Company Number: **08482314**

Confirmation **10/04/2017**

Statement date:

Sic Codes: **70229**

Principal activity description: **Management consultancy activities other than financial management**

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	1
Currency:	GBP	Aggregate nominal value:	1

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCE; EACH SHARE IS ENTITLED PARI PASSU TO DIVIDENDS OR OTHER DISTRIBUTIONS; AND EACH SHARE IS ENTITLED PARI PASSU TO PARTICIPATE IN A DISTRIBUTION ON WINDING UP.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	1
		Total aggregate nominal value:	1
		Total aggregate amount unpaid:	0

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1:	1 ORDINARY shares held as at the date of this confirmation statement
Name:	AMANDA GWYNNETH BERIT LLOYD

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became registrable: **11/04/2016**

Name: **MS AMANDA GWYNNETH BERIT LLOYD**

Service address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/03/1959**

Nationality: **BRITISH**

Nature of control

The person holds, directly or indirectly, 75% or more of the shares in the company.

The person holds, directly or indirectly, 75% or more of the voting rights in the company.

The person has the right, directly or indirectly, to appoint or remove a majority of the board of directors of the company.

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