



**Notice of Individual Person
with Significant Control**

Company Name: **HMO SERVICES LIMITED**

Company Number: **11757513**



Received for filing in Electronic Format on the: **09/03/2021**

X9ZVJBTT

Notification Details

Date that person became **09/03/2021**
registrable:

Name: **MRS SHARON BURTON**

Service Address: **UNIT 6 ASH LANE GARFORTH
LEEDS
WEST YORKSHIRE
UNITED KINGDOM
LS25 2HG**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/05/1974**

Nationality: **BRITISH**

Nature of control

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

Register entry date

Register entry date **09/03/2021**

Authorisation

Authenticated

This form was authorised by one of the following:

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