Companies House

AR01 (ef)

Annual Return

Company Name:	**ELLIE REED CONSULTANCY LIMITED**
Company Number:	**07541142**
Date of this return:	**24/02/2016**
SIC codes:	**70229**
Company Type:	**Private company limited by shares**
Situation of Registered Office:	**32 LANGLEY ROAD** **BINGLEY** **WEST YORKSHIRE** **BD16 4AB**

Officers of the company

Company Director 1

Type: **Person**

Full forename(s): **MRS ELEANOR VICTORIA**

Surname: **REED**

Former names:

Service Address: **32 LANGLEY ROAD**
BINGLEY
WEST YORKSHIRE
UNITED KINGDOM
BD16 4AB

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1977**   *Nationality:* **BRITISH**

Occupation: **COMPANY DIRECTOR**

Statement of Capital (Share Capital)

Class of shares   ORDINARY

Number allotted   1

Aggregate nominal value   1

Currency   GBP

Amount paid per share   0

Amount unpaid per share   1

Prescribed particulars

FULL RIGHTS WITH REGARDS TO VOTING, PARTICIPATION AND DIVIDENDS

Class of shares   A ORDINARY

Number allotted   1

Aggregate nominal value   1

Currency   GBP

Amount paid per share   1

Amount unpaid per share   0

Prescribed particulars

NON VOTING SHARES WITH NO RIGHT TO PARTICIPATE IN THE ACCUMULATED PROFITS OF THE COMPANY ON THE WINDING UP OF THE COMPANY

Statement of Capital (Totals)

Currency   GBP

Total number of shares   2

Total aggregate nominal value   2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 24/02/2016 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1   : **1 ORDINARY shares held as at the date of this return**

Name: **ELEANOR REED**

Shareholding 2   : **1 A ORDINARY shares held as at the date of this return**

Name: **SAMUEL SYKES**

Authorisation

Authenticated

This form was authorised by one of the following:

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