



Confirmation Statement

Company Name: **EQUI-FLEX THERAPY LIMITED**

Company Number: **10121192**



X67742LL

Received for filing in Electronic Format on the: **25/05/2017**

Company Name: **EQUI-FLEX THERAPY LIMITED**

Company Number: **10121192**

Confirmation **12/04/2017**

Statement date:

Sic Codes: **75000**

Principal activity **Veterinary activities**
description:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	1
Currency:	GBP	Aggregate nominal value:	0.001

Prescribed particulars

**EACH SHARE HAS FULL RIGHTS IN THE COMPANY WITH RESPECT TO VOTING,
DIVIDENDS AND DISTRIBUTIONS.**

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	1
		Total aggregate nominal value:	0.001
		Total aggregate amount unpaid:	0.001

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became registrable: **01/01/2017**

Name: **MISS JARMANI ELLA OWEN**

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1982**

Nationality: **ENGLISH**

Nature of control

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