



Companies House

**CS01** (ef)

**Confirmation Statement**

Company Name: **RAINFOREST NURSERY LIMITED**

Company Number: **SC364194**



Received for filing in Electronic Format on the: **08/09/2023**

XCBNOIYG

Company Name: **RAINFOREST NURSERY LIMITED**

Company Number: **SC364194**

Confirmation **19/08/2023**

Statement date:

## Statement of Capital (Share Capital)

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<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>1</b>
Currency:	<b>GBP</b>	Aggregate nominal value:	<b>1</b>

Prescribed particulars

**EACH SHARE SHALL HAVE FULL VOTING AND DIVIDEND RIGHTS**

<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>1</b>
	<b>A</b>	Aggregate nominal value:	<b>1</b>
Currency:	<b>GBP</b>		

Prescribed particulars

**EACH SHARE SHALL HAVE FULL DIVIDEND RIGHTS AND NO VOTING RIGHTS**

<b>Class of Shares:</b>	<b>ORDINARY</b>	Number allotted	<b>1</b>
	<b>B</b>	Aggregate nominal value:	<b>1</b>
Currency:	<b>GBP</b>		

Prescribed particulars

**EACH SHARE SHALL HAVE FULL DIVIDEND RIGHTS AND NO VOTING RIGHTS**

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## Statement of Capital (Totals)

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Currency:	<b>GBP</b>	Total number of shares:	<b>3</b>
		Total aggregate nominal value:	<b>3</b>
		Total aggregate amount	<b>0</b>
		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