



Companies House

CS01 (ef)

Confirmation Statement

Company Name: **MOREGROVE LIMITED**

Company Number: **04638324**



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Company Name: **MOREGROVE LIMITED**

Company Number: **04638324**

Confirmation **15/01/2019**

Statement date:

Sic Codes: **99999**

Principal activity **Dormant Company**

description:

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	100
Currency:	GBP	Aggregate nominal value:	100

Prescribed particulars

FULL VOTING RIGHTS

Class of Shares:	ORDINARY	Number allotted	11
	B	Aggregate nominal value:	11

Currency: **GBP**

Prescribed particulars

REDEEMABLE SHARE WITH NON-VOTING RIGHTS BUT HOLDER IS ENTITLED TO DIVIDENDS AND SHARE IS REDEEMABLE.

Class of Shares:	ORDINARY	Number allotted	5
	C	Aggregate nominal value:	5

Currency: **GBP**

Prescribed particulars

REDEEMABLE SHARE WITH NON-VOTING RIGHTS BUT HOLDER IS ENTITLED TO DIVIDENDS AND SHARE IS REDEEMABLE.

Class of Shares:	ORDINARY	Number allotted	1
	D	Aggregate nominal value:	1

Currency: **GBP**

Prescribed particulars

REDEEMABLE SHARE WITH NON-VOTING RIGHTS BUT HOLDER IS ENTITLED TO DIVIDENDS AND SHARE IS REDEEMABLE.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	117
		Total aggregate nominal value:	117
		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 D shares held as at the date of this confirmation statement**

Name: **PHILIP ROBERT GRAY**

Shareholding 2: **11 ORDINARY B shares held as at the date of this confirmation statement**

Name: **STEPHANIE MARGARET GRAY**

Shareholding 3: **100 ORDINARY shares held as at the date of this confirmation statement**

Name: **MPS CARE LIMITED**

Shareholding 4: **5 ORDINARY C shares held as at the date of this confirmation statement**

Name: **MPS CARE LIMITED**

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