



Companies House

AR01 (ef)

Annual Return



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X40632MR

Company Name: **MIHALIS LIMITED**

Company Number: **06483167**

Date of this return: **24/01/2015**

SIC codes: **62090**

Company Type: **Private company limited by shares**

Situation of Registered Office: **6 TYLERS FARM
YATE
BRISTOL
UNITED KINGDOM
BS37 7BH**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MICHAEL ROBERT**

Surname: **LOVELL**

Former names:

Service Address: **6 TYLERS FARM
YATE
BRISTOL
AVON
UNITED KINGDOM
BS37 7BH**

Company Director ***1***

Type: **Person**

Full forename(s): **JOANNE**

Surname: **LOVELL**

Former names:

Service Address: **6 TYLERS FARM
YATE
BRISTOL
AVON
UNITED KINGDOM
BS37 7BH**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **09/08/1974** *Nationality:* **BRITISH**

Occupation: **I T CONSULTANT**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	100
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

ORDINARY SHARES HAVE THE FOLLOWING RIGHTS: 1. FULL VOTING RIGHTS 2. RIGHT TO DIVIDENDS 3. RIGHT TO CAPITAL/EQUITY

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	100

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 24/01/2015 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 : **100 ORDINARY shares held as at the date of this return**
Name: **JOANNE LOVELL**

Shareholding 2 : **0 ORDINARY shares held as at the date of this return**
50 shares transferred on 2014-01-25
Name: **MICHAEL LOVELL**

Authorisation

Authenticated

This form was authorised by one of the following:

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