



Companies House

AR01 (ef)

Annual Return



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Company Name: **A & L PORTER LIMITED**

Company Number: **SC299895**

Date of this return: **29/03/2015**

SIC codes: **86900**

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

Situation of Registered Office: **58 QUEENS ROAD
ABERDEEN
AB15 4YE**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR ANDREW JOHN**

Surname: **PORTER**

Former names:

Service Address: **18 KEIRHILL GARDENS
WESTHILL
ABERDEENSHIRE
UNITED KINGDOM
AB32 6AZ**

Company Director ***1***

Type: **Person**

Full forename(s): **MR ANDREW JOHN**

Surname: **PORTER**

Former names:

Service Address: **18 KEIRHILL GARDENS
WESTHILL
ABERDEENSHIRE
UNITED KINGDOM
AB32 6AZ**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **28/08/1979**

Nationality: **SCOTTISH**

Occupation: **PHARMACIST**

Company Director 2

Type: **Person**

Full forename(s): **MRS LYNNE MARGARET**

Surname: **PORTER**

Former names:

Service Address: **18 KEIRHILL GARDENS
WESTHILL
ABERDEENSHIRE
AB32 6AZ**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **08/03/1979**

Nationality: **SCOTTISH**

Occupation: **PHARMACIST**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	100
		<i>Aggregate nominal value</i>	1
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0
<i>Prescribed particulars</i>			
ALL SHARES PARTICIPATE IN A DISTRIBUTION			

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	100
		<i>Total aggregate nominal value</i>	1

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 29/03/2015 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 : **50 ORDINARY shares held as at the date of this return**
Name: **ANDREW PORTER**

Shareholding 2 : **50 ORDINARY shares held as at the date of this return**
Name: **LYNNE PORTER**

Authorisation

Authenticated

This form was authorised by one of the following:

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