



Companies House
— for the record —

AR01 (ef)

Annual Return



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Company Name: **TRANSFORM AUTO CLINIC LIMITED**

Company Number: **06397551**

Date of this return: **12/10/2013**

SIC codes: **45200**

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

Situation of Registered Office: **UNIT 6 FELIN PULESTON IND. EST.
WREXHAM
WALES
LL13 7RF**

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **SIAN**

Surname: **ROUIBAH**

Former names:

Service Address: **8 MAES ENION
RHOS
WREXHAM
LL14 2LW**

Company Director **1**

Type: **Person**
Full forename(s): **MR SIMON CARL**

Surname: **BENNETT**

Former names:

Service Address: **73 SAXON STREET
WREXHAM
CLWYD
WALES
LL13 9BB**

Country/State Usually Resident: **WALES**

Date of Birth: **17/08/1970** *Nationality:* **BRITISH**
Occupation: **COMPANY DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	1
		<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>			
FULL VOTING RIGHTS			

Statement of Capital (Totals)

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

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 12/10/2013 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 : **1 ORDINARY shares held as at the date of this return**
Name: **JAMES ELLIS**

Authorisation

Authenticated

This form was authorised by one of the following:

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