



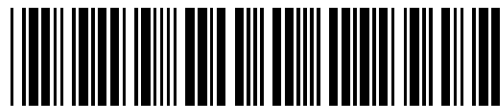
Companies House

CS01 (ef)

Confirmation Statement

Company Name: **ASTOR HALL LIMITED**

Company Number: **06401008**



Received for filing in Electronic Format on the: **16/10/2019**

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Company Name: **ASTOR HALL LIMITED**

Company Number: **06401008**

Confirmation **16/10/2019**

Statement date:

Sic Codes: **87100**

Principal activity **Residential nursing care facilities**
description:

Statement of Capital (Share Capital)

Class of Shares:	A	Number allotted	1000
	ORDINARY	Aggregate nominal value:	1000

Currency: **GBP**

Prescribed particulars

VOTING RIGHTS ATTACHED TO SHARES

Class of Shares:	B	Number allotted	10
	ORDINARY	Aggregate nominal value:	10

Currency: **GBP**

Prescribed particulars

VOTING RIGHTS ATTACHED TO SHARES

Class of Shares:	C	Number allotted	10
	ORDINARY	Aggregate nominal value:	10

Currency: **GBP**

Prescribed particulars

VOTING RIGHTS ATTACHED TO SHARES

Class of Shares:	D	Number allotted	10
	ORDINARY	Aggregate nominal value:	10

Currency: **GBP**

Prescribed particulars

VOTING RIGHTS ATTACHED TO SHARES

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	1030
		Total aggregate nominal value:	1030
		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: **1000 A ORDINARY shares held as at the date of this confirmation statement**

Name: **MAYHAVEN HEALTHCARE LIMITED**

Shareholding 2: **10 B ORDINARY shares held as at the date of this confirmation statement**

Name: **MAYHAVEN HEALTHCARE LIMITED**

Shareholding 3: **10 C ORDINARY shares held as at the date of this confirmation statement**

Name: **MAYHAVEN HEALTHCARE LIMITED**

Shareholding 4: **10 D ORDINARY shares held as at the date of this confirmation statement**

Name: **MAYHAVEN HEALTHCARE 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