



Companies House

AR01 (ef)

Annual Return



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Company Name: **Dyslexia Advice and Assessment Limited**

Company Number: **08798943**

Date of this return: **02/12/2014**

SIC codes: **85600**

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

Situation of Registered Office: **THE MOUNT PRINCESS STREET
LLANGOLLEN
DENBIGHSHIRE
WALES
LL20 8RD**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MISS EMMA BETH**

Surname: **LIDDIARD-WILLIAMS**

Former names:

Service Address: **THE MOUNT PRINCESS STREET
LLANGOLLEN
DENBIGHSHIRE
WALES
LL20 8RD**

Company Director **1**

Type: **Person**

Full forename(s): **MRS KATHLEEN**

Surname: **WILLIAMS**

Former names:

Service Address: **THE MOUNT PRINCESS STREET
LLANGOLLEN
DENBIGHSHIRE
WALES
LL20 8RD**

Country/State Usually Resident: **WALES**

Date of Birth: **14/08/1956** *Nationality:* **BRITISH**

Occupation: **DYSLEXIA 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

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES. EACH SHARE HAS EQUAL RIGHTS TO DIVIDENDS EACH SHARE IS ENTITLED TO PARTICIPATE IN A DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY.

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 02/12/2014 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 : **25 ORDINARY shares held as at the date of this return**
Name: **EMMA BETH LIDDIARD-WILLIAMS**

Shareholding 2 : **25 ORDINARY shares held as at the date of this return**
Name: **HUW WILLIAMS**

Shareholding 3 : **50 ORDINARY shares held as at the date of this return**
Name: **KATHLEEN WILLIAMS**

Authorisation

Authenticated

This form was authorised by one of the following:

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