



Confirmation Statement

Company Name: **LRPP SERVICES LIMITED**

Company Number: **SC530029**



Received for filing in Electronic Format on the: **22/03/2017**

X62RJ601

Company Name: **LRPP SERVICES LIMITED**

Company Number: **SC530029**

Confirmation Statement date: **16/03/2017**

Statement date:

Sic Codes: **86210**

Principal activity description: **General medical practice activities**

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	10
Currency:	GBP	Aggregate nominal value:	10

Prescribed particulars

VOTING RIGHTS - SHARES RANK EQUALLY FOR VOTING PURPOSES. ON A SHOW OF HANDS EACH MEMBER SHALL HAVE ONE VOTE AND ON A POLL EACH MEMBER SHALL HAVE ONE VOTE PER SHARE HELD. DIVIDEND RIGHTS - EACH SHARE RANKS EQUALLY FOR ANY DIVIDEND DECLARED. DISTRIBUTION RIGHTS ON A WINDING UP - EACH SHARE RANKS EQUALLY FOR ANY DISTRIBUTION MADE ON A WINDING UP. REDEEMABLE SHARES - THE SHARES ARE NOT REDEEMABLE.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	10
		Total aggregate nominal value:	10
		Total aggregate amount unpaid:	0

Persons with Significant Control (PSC)

PSC notifications

Notification Details

Date that person became registrable: **01/07/2016**

Name: **DR LOUISA PIETERSE**

Service Address: **12 DURHAM TERRACE
LOWER LARGO
LEVEN
SCOTLAND
KY8 6DS**

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

Date of Birth: ****/07/1960**

Nationality: **UK**

Nature of control

The person holds, directly or indirectly, more than 25% but not more than 50% of the shares in the company.

The person holds, directly or indirectly, more than 25% but not more than 50% of the voting rights in the company.

The person has the right, directly or indirectly, to appoint or remove a majority of the board of directors of the company.

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