Secretary of State	l	LC-12				
Statement of Information (Limited Liability Company)						
IMPORTANT — This form can be filed online at bi						
Read instructions before completing this form.						
Filing Fee – \$20.00						
Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees			Above Space For Offic	e Use	Only	
1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)						
2. 12-Digit Secretary of State Entity (File) Number 3. State, Foreign Country or Place of Organization (only if formed outside of California)						
4. Business Addresses				State		
a. Street Address of Principal Office - Do not list a P.O. Box	et Address of Principal Office - Do not list a P.O. Box		(no abbreviations)		Zip Code	
Mailing Address of LLC, if different than item 4a C		City (no abbrevia	viations)		Zip Code	
Street Address of <b>California</b> Office, if Item 4a is not in California - Do not list a P.O. Box		City (no abbrevia	viations)		Zip Code	
5. Manager(s) or Member(s) if no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on <i>Form LLC-12A</i> .						
a. First Name, if an individual - Do not complete Item 5b	· · ·	Middle Name	Last Name			Suffix
b. Entity Name - Do not complete Item 5a		L				
c. Address		City (no abbreviations)		State	e Zip Code	
6. Service of Process (Must provide either Individual OR Co	orporation.)					
INDIVIDUAL - Complete Items 6a and 6b only. Must include a	agent's full name a	nd California street	address.			
a. California Agent's First Name (if agent is <b>not</b> a corporation)		Middle Name	Last Name			Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>		City (no abbrevia	ations)	State CA	ZipCo	ode
CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.						
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b						
7. Type of Business						
Describe the type of business or services of the Limited Liability Compar	Ŋ					
8. Chief Executive Officer, if elected or appointed						
a. First Name		Middle Name	Last Name			Suffix
b. Address		City (no abbrevia		State	ZipCo	ode
9. The Information contained herein, including any attachments made part of this document, is true and correct.						
Date Type or Print Name of Person (	Completing the I		Title Signatu	re		