## Instructions for Completing the Statement of Information (Form LLC-12)

Every California and registered foreign limited liability company must file a Statement of Information with the California Secretary of State, within 90 days of registering with the California Secretary of State, and every two years thereafter during a specific 6-month filing period based on the original registration date, as described in the chart below.

All Statements of Information for limited liability companies can be filed online at bizfile.sos.ca.gov.

**Status of LLC:** In order to file Form LLC-12, the status of the LLC **must** be active or suspended/forfeited on the records of the California Secretary of State. The status of the LLC can be checked online on the Secretary of State's Business Search at <u>BusinessSearch.sos.ca.gov</u>. See the <u>FTB Suspension/Forfeiture</u> section below for information about resolving an FTB suspended/forfeited status.

Fees: See chart below. Checks should be made payable to the Secretary of State.

**Copies:** To obtain a copy or certified copy of this filed Statement of Information, include payment for copy fees and certification fees at the time this Statement of Information is submitted. Copy fees are \$1.00 for the first page and \$.50 for each attachment page. For certified copies, there is an additional \$5.00 certification fee, per document. If you would like a free filed copy of your Statement of Information, go to <a href="mailto:BusinessSearch.sos.ca.gov">BusinessSearch.sos.ca.gov</a>.

Processing Dates: For current processing dates, go to www.sos.ca.gov/business/be/processing-dates.

Type of Filing	Description	Online/Form	Fee
Initial Filing	The initial filing is due 90 days from the entity's registration date.	File online at <u>bizfile.sos.ca.gov</u> . (Form LLC-12)	\$20.00
Required Periodic Filing	X The periodic filing is due every two years based on the entity's registration date.      X If the registration occurred in an even-numbered year, the periodic filing is due every even year.      X If the registration occurred in an odd-numbered year, the periodic filing is due every odd year.      X The filing period includes the registration month and the immediately preceding five (5) months.	File online at bizfile.sos.ca.gov. (Form LLC-12, if changes have been made) Or (Form LLC-12NC, if no changes since the last complete Statement of Information)	\$20.00
No Fee Statement	A Statement of Information is submitted after the initial or required filing requirements have been met to update information including changes to the agent for service of process.	File online at <u>bizfile.sos.ca.gov</u> . (Form LLC-12)	No Fee

Statutory Required 6 Month Filing Window for Limited Liability Companies

Month of Formation, Registration or Conversion	Statement of Information Applicable Filing Period				
	First Day of	Through Last Day of			
January	August	January			
February	September	February			
March	October	March			
April	November	April			
May	December	May			
June	January	June			
July	February	July			
August	March	August			
September	April	September			
October	May	October			
November	June	November			
December	July	December			

If you are not completing this form **online**, **type or print legibly** in black or blue ink. **Complete the Statement of Information (Form LLC-12) as follows:** 

Item	Instruction	Tips
1.	Enter the name of the limited liability company <b>exactly</b> as it appears on file with the California Secretary of State, including the entity ending (ex: "Jones & Company, LLC" or "Smith Construction, a Limited Liability Company").	x To ensure you have the exact name of the LLC, refer to your registration document filed with the California Secretary of State and any name change amendments.      x Some foreign LLCs may have registered in California using an alternate name. If your LLC is a registered foreign LLC using an alternate name in California, you must enter the complete alternate name.
2.	Enter the 12-digit Entity (File) Number issued to the LLC by the California Secretary of State at the time of registration.	x The 12-digit Entity (File) Number is provided by the Secretary of State above the file stamp at the top of the LLC's registration document filed with the California Secretary of State or if filed electronically, in the top section, below the Entity Name.      x Secretary of State Records can be accessed online through our Business Search at <a href="BusinessSearch.sos.ca.gov">Business Search</a> at <a href="BusinessSearch.sos.ca.gov">Business Search</a> , be sure to identify your LLC correctly including the jurisdiction that matches your LLC.
3.	If formed outside of California, enter the state, foreign country or other place where the LLC is organized.	x The jurisdiction must match the Secretary of State's records.  x Secretary of State Records can be accessed online through our Business Search at BusinessSearch.sos.ca.gov. While searching the Business Search, be sure to identify your LLC correctly including the jurisdiction that matches your registered foreign LLC.  x If the LLC is formed in California, leave Item 3 blank.

4a.	Enter the complete street address, city, state and zip code of the LLC's principal office.	x The <b>complete street address</b> is required, including the street name and number, city, state and zip code.  x Address must be a physical address.  x Do not enter a P.O. Box address, an "in care of" address, or abbreviate the name of the city.
4b.	If different from the address in Item 4a, enter the complete mailing address, city, state and zip code of the LLC.	x This address will be used for mailing purposes and may be a P.O. Box address or "in care of" an individual or entity.      x Do not abbreviate the name of the city.
4c.	x If the LLC is formed in California, enter the complete street address, city and zip code of the office in California, if different from Item 4a.      x If the LLC is formed outside of California, enter the complete street address, city and zip code of the principle business office in California, if any.	x The <b>complete street address</b> is required, including the street name and number, city and zip code.  x Address must be a physical address in California.  x Do not enter a P.O. Box address, an "in care of" address, or abbreviate the name of the city.  x If Item 4a is an address in California leave Item 4c blank and proceed to Item 5.
5.	Enter the name and complete business or residential address of any manager(s), appointed or elected in accordance with the Articles of Organization or Operating Agreement, or if no manager(s) has been so elected or appointed, the name and business or residential address of each member.	x If the LLC has more than one manager or member, enter the name(s) and address(es) of the additional mangers or members on Form LLC-12A.  x Please do not abbreviate the name of the city.  x Review your Articles of Organization or any amendments thereto, to determine if the LLC is run by a single manager, more than one manager or by its member(s).  x Every LLC is required to have at least one manager/member.  x A member(s) is the owner of the LLC similar to a shareholder(s) in a corporation.
6.	The LLC must have an Agent for Service of Process.  There are two types of Agents that can be named:  x an individual (e.g. member, manager, or any other individual) who resides in California with a physical California street address; OR  x a registered corporate agent qualified with the California Secretary of State.	x An Agent for Service of Process is responsible for accepting legal documents (e.g. service of process, lawsuits, subpoenas, other types of legal notices, etc.) on behalf of the LLC.      x You must provide information for either an individual OR a registered corporate agent, not both.      x If using a registered corporate agent, the corporation must have a current agent registration certificate on file with the California Secretary of State as required by Section 1505.
6a & b.	If Individual Agent:  x Enter the name of the agent for service of process and the agent's complete  California street address, city and zip code.  x If an individual is designated as the agent, complete Items 6a and 6b ONLY.  Do not complete Item 6c.	x The complete street address is required, including the street name and number, city and zip code.  x Do not enter a P.O. Box address, an "in care of" address, or abbreviate the name of the city.  x Many times, a small LLC will designate a member or manager as the agent for service of process.  x The individual agent should be aware that the name and the physical street address of the agent for service of process is a public record, open to all (as are all the addresses of the LLC provided in filings).

6c.	If Registered Corporate Agent:	x Before a corporation is designated as agent for the LLC,
	x Enter the name of the registered corporate agent exactly as registered in California.  x If a registered corporate agent is designated as the agent, complete Item 6c ONLY. Do not complete Items 6a and 6b.	that corporation must have a current agent registration certificate on file with the California Secretary of State as required by Section 1505 stating the address(es) of the registered corporate agent and the authorized employees that will accept service of process of legal documents and notices on behalf of the LLC.  x Advanced approval must be obtained from a registered corporate agent prior to designating that corporation as your agent for service of process.  x No California or foreign corporation may register as a California corporate agent unless the corporation currently is authorized to engage in business in California and is in good standing on the records of the California Secretary of State.  x Provide your Registered Corporate Agent's exact name as registered with the California Secretary of State. To confirm that you are providing the exact name of the Registered
		Corporate Agent, go to <a href="https://businessfilings.sos.ca.gov/frmlist1505s.asp">https://businessfilings.sos.ca.gov/frmlist1505s.asp</a> .
7.	Briefly describe the general type of business that is the principal business activity of the LLC.	
8.	Enter the name and complete business or residential address of the chief executive officer, if any.	x A chief executive officer may be in addition to members and managers but generally is the person that occupies the highest level position in the LLC's organization hierarchy in charge of managing the LLC.
9.	Type or print the date, the name and title of the person completing this form and sign where indicated.	

**Submission Cover Sheet (Optional):** To make it easier to receive communication related to **this document**, including the copy of the filed document, complete the Submission Cover Sheet. For the Return Address: enter the name of a designated person and/or company and the corresponding mailing address. Please note: the Submission Cover Sheet will be treated as correspondence and will not be made part of the filed document.

Where to File: For faster service, this form can be filed online at <u>bizfile.sos.ca.gov</u>. The completed form along with the applicable fees can be mailed to Secretary of State, Statement of Information Unit, P.O. Box 944230, Sacramento, CA 94244-2300 or delivered in person (drop off) to the Sacramento office, 1500 11th Street, Sacramento, CA 95814.

**Legal Authority:** General statutory filing provisions are found in Section <u>17702.09</u> unless otherwise indicated. All statutory references are to the California Corporations Code, unless otherwise stated. Failure to file this Statement of Information by the due date will result in the assessment of a \$250.00 penalty. (Sections <u>17713.07(b)</u> and <u>17713.09;</u> California Revenue and Taxation Code section <u>19141.</u>)

**FTB Suspension/Forfeiture:** If the LLC's status is FTB suspended/forfeited, the status must be resolved with the California Franchise Tax Board (FTB) for the LLC to be returned to active status. For revivor requirements, go to the FTB's website at <a href="https://www.ftb.ca.gov">https://www.ftb.ca.gov</a> or contact the FTB at (800) 852-5711 (from within the U.S.) or (916) 845-6500 (from outside the U.S.).



Secretary of State
Business Programs Division
Statement of Information
1500 11th Street, Sacramento, CA 95814
P.O. Box 944230, Sacramento, CA 94244-2300

## **Submission Cover Sheet**

## **Instructions:**

- Complete and include this form with your submission. This information only will be used to communicate with you
  in writing about the submission. This form will be treated as correspondence and will not be made part of the filed
  document.
- Make all checks or money orders payable to the Secretary of State.
- Standard processing time for submissions to this office is approximately 5 business days from receipt. All submissions are reviewed in the date order of receipt. For updated processing time information, go to www.sos.ca.gov/business/be/processing-dates.

## **Optional Copy and Certification Fees:**

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

	nation: (Please type	or print legibly)			
Name:					
Entity Number (	if applicable):				
Comments: _					
_					
_					<del></del>
-					
_					
_					
		ommunication from the see name of a person or co			ocument, or if purchasing a
Name:	a		o		
_					
Company:				Secretar	ry of State Use Only
Company: Address:				T/TR:	j or otato oco orny



**LLC-12** 

IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

Read instructions before completing this form.

Filing Fee - \$20.00

b. Entity Name - Do not complete Item 5a  c. Address  City (no abbreviations)  State  Zip Code  6. Service of Process (Must provide either Individual OR Corporation.)  INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.	Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees							Above Space For Office Use Only				
4. Business Addresses a. Street Address of Principal Office - Do not list a P.O. Box  City (no abbreviations)  State Zip Code  b. Mailing Address of LLC, if different than item 4a  City (no abbreviations)  State Zip Code  c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box  City (no abbreviations)  State Zip Code  fi no managers have been appointed or elected, provide the name and address of each member. At least one name and admiss to the listed. If the manager/member is an individual, complete Item 5a and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5a and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5a and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5b and 5c (leave Item 5b lank), if the manager/member is an individual, complete Item 5c lank, if the manager is an individual, complete Item 5c lank, if the manager is an individual, complete Item 5c lank, if the manager is an individual, complete Item 5c lank, if the manager is an individual, complete Item 5c lank, if the manager is an individual, complete Item 5c lank, if the manager is an individual, complete Item 5c lank, if the manager is an individual, complete Item 5c lank, if the manager is an individual, complete Item 5c lank, if the	1. Limited Liab	oility Company	y Name (Ent	ter the exac	t name of th	e LLC. If you r	egistered in Califor	rnia using an a	alternate name, see instruction	ons.)		
4. Business Addresses a. Street Address of Principal Office - Do not list a P.O. Box  City (no abbreviations)  State Zip Code  D. Mailing Address of LLC. if different than item 4a  City (no abbreviations)  State Zip Code  C. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box  City (no abbreviations)  State Zip Code  C. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box  City (no abbreviations)  State 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 of each member. At least one name and address of each member is blanks, if the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). Note: The LC annot serve as its own manager or member.  Last Name  C. Hordress  City (no abbreviations)  State Zip Code  6. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation) - Do not enter a P.O. Box  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												
a. Street Address of Principal Office - Do not list a P.O. Box    City (no abbreviations)   State   Zip Code		cretary of State	e Entity (Fil	le) Numbe	er	3. State,	Foreign Countr	y or Place o	of Organization (only if fo	rmed out	side of (	California)
a. Street Address of Principal Office - Do not list a P.O. Box    City (no abbreviations)   State   Zip Code												
a. Street Address of Principal Office - Do not list a P.O. Box  City (no abbreviations)  State Zip Code  C. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box  City (no abbreviations)  State Zip Code  C. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box  City (no abbreviations)  State Zip Code  The manager's have been appointed or elected, provide the name and address of each member. At least one name and admiss be listed, if the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). Into the LLC cannot serve as its own manager or member. At least one name and admiss bank, Note: The LLC cannot serve as its own manager or member. At least one name and admiss bank, Note: The LLC cannot serve as its own manager or member. At least one name and admiss bank, Note: The LLC cannot serve as its own manager or member. At least name and address of each member. At least one name and admiss of eac	4 Dusiness A	44										
b. Mailing Address of LLC, if different than item 4a City (no abbreviations) Slate Zip Code c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box City (no abbreviations) Slate Zip Code CA  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 amust be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager or member. LIC has additional managers/members, enter the name(s) and address(se) on Form LIC-12A. a. First Name, if an individual - Do not complete Item 5b Middle Name Last Name Last Name  c. Address City (no abbreviations) State Zip Code CA  California Agent's First Name (if agent is not a corporation) Middle Name Last Name Last Name  c. Address City (no abbreviations) State Zip Code California Agent's First Name (if agent is not a corporation) D. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 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			Do not list a P	P.O. Box			City (no abbreviat	tions)		State	Zip Co	ode
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box  City (no abbreviations)  State CA  The managers have been appointed or elected, provide the name and address of each member. At least one name and an entity, complete litems 5a and 5c (leave Item 5b blank). If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). Note: The LLC cannot serve as its own manager or member. At least one name and an entity, complete Items 5b and 5c (leave Item 5b blank). Note: The LLC cannot serve as its own manager or member. At least one name and address of each member. At least one name and an entity, complete Item 5b and 5c (leave Item 5b blank). Note: The LLC cannot serve as its own manager or member. At least one name and address of each member. At least one name and an entity, complete Item 5b and 5c (leave Item 5b blank). Note: The LLC cannot serve as its own manager or member. At least one name and an entity, complete Item 5b and 5c (leave Item 5b and 5c (		.,						,				
## State   California Agent's First Name (if agent is not a corporation) - Do not enter a P.O. Box    California Agent's First Name (if agent is not a corporation) - Do not enter a P.O. Box    California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6 a or 6b    California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6 a or 6b    California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6 a or 6b    California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6 a or 6b    California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6 a or 6b	b. Mailing Address	of LLC, if different	t than item 4a	ı			City (no abbreviat	tions)		State	Zip Co	ode
### State   Capporation												
If no managers have been appointed or elected, provide the name and address of each member. At least one name and address of each member of terms and stank). Note: The LLC cannot serve as its own namager or member. At least one name and address of each member of terms and stank). Note: The LLC cannot serve as its own namager or member. At least one name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each must be also when the name and address of each mus	c. Street Address of	f California Office,	, if Item 4a is r	not in Califor	nia - Do not lis	st a P.O. Box	City (no abbreviat	tions)			Zip Code	
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 individual, complete Items 5a and 5c (leave Item 5b blank). Note: The LLC cannot serve as its own manager or member. LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.  a. First Name, if an individual - Do not complete Item 5b  Middle Name  Last Name  Last Name  State  Zip Code  City (no abbreviations)  State  Zip Code  Corporation.)  INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation)  Middle Name  Last Name  Last Name  Last Name  Corporation.  State  City (no abbreviations)  State  City (no abbreviations)  City (no abbreviations)  State  Corporation.  Corporation Do not enter a P.O. Box  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			If no ma	nagara ha	uo hoon ann	ainted or alcote	ad provide the per	mo and addra	on of each member. At least			d addraga
b. Entity Name - Do not complete Item 5a  c. Address  City (no abbreviations)  State Zip Code  6. Service of Process (Must provide either Individual OR Corporation.)  INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation)  Middle Name  Last Name  State CA  State CA  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	5. Manager(s)	or Member(s)	must be an entity	listed. If the	e manager/n Items 5b ar	nember is an in nd 5c (leave Ite	ndividual, complete em 5a blank). No	Items 5a and te: The LLC	d 5c (leave Item 5b blank). cannot serve as its own m	If the ma	nager/n	nember is
c. Address  City (no abbreviations)  State Zip Code  6. Service of Process (Must provide either Individual OR Corporation.)  INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation)  Middle Name  Last Name  State  Corporations  Corporation – Do not enter a P.O. Box  City (no abbreviations)  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	a. First Name, if an	individual - Do not	t complete Iten	n 5b			Middle Name		Last Name			Suffix
c. Address  City (no abbreviations)  State Zip Code  6. Service of Process (Must provide either Individual OR Corporation.)  INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation)  Middle Name  Last Name  State  City (no abbreviations)  State  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												
6. Service of Process (Must provide either Individual OR Corporation.)  INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation)  Middle Name  Last Name  State  City (no abbreviations)  State  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	o. Entity Name - Do	o not complete Item	n 5a									
INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is <b>not</b> a corporation)  Middle Name  Last Name  State  City (no abbreviations)  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	c. Address						City (no abbreviat	tions)		State	Zip Co	ode
INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is <b>not</b> a corporation)  Middle Name  Last Name  State  City (no abbreviations)  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												
a. California Agent's First Name (if agent is <b>not</b> a corporation)  b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> City (no abbreviations)  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	8. Service of I	Process (Must p	provide either	r Individual	OR Corporat	tion.)					•	
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> City (no abbreviations)  State CA  Zip Code CA  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	INDIVIDUAL	. – Complete Item	ns 6a and 6b	only. Must	include ager	nt's full name ar	nd California street	address.	T			
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	a. California Agent's	s First Name (if age	ent is <b>not</b> a co	rporation)			Middle Name		Last Name			Suffix
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	b. Street Address (i	if agent is <b>not</b> a co	propration) - Do	not enter a	a P.O. Box		City (no abbreviat	tions)		State	Zin Co	ode
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b  7. Type of Business		g									2.00	,,,,
7. Type of Business	CORPORAT	TON – Complete	Item 6c only.	Only inclu	de the name	of the registere	ed agent Corporation	on.				
•••	c. California Registe	ered Corporate Age	ent's Name (if	agent is a c	orporation) –	Do not complete	Item 6a or 6b					
••												
Describe the type of business of services of the Limited Liability Company			646 - 13	14 - al II 1 - b 1114 -	0							
	Jescribe the type o	or business or servi	ices or the Lim	iited Liability	Company							
8. Chief Executive Officer, if elected or appointed		ıtive Officer, if	f elected or	appointe	d		ı		T			
a. First Name Middle Name Last Name	a. First Name						Middle Name		Last Name			Suffix
b. Address City (no abbreviations) State Zip Code	o. Address						City (no abbreviat	tions)	•	State	Zip Co	ode
9. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	9. By signing, I	affirm under pe	enalty of pe	rjury that t	he informat	tion herein is	true and correct	and that I a	m authorized by Californi	a law to	sign.	
	, 5 5,	Γ.	, ,						,		•	
Date Type or Print Name of Person Completing the Form Title Signature	Date		pe or Print	Name of F	Person Con	npleting the F	orm	Title	Signatu	re		