

**LLC-12** 

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an

This form is due within 90 days of initial registration and every two years thereafter.

Filing Fee - \$20.00 Certification Fee (Optional) - \$5.00

alternate name.)

This Space For Office Use Only

2. Secretary of State Entity Number		3. State, Foreign Country or Place of Organization (only if formed outside of California)						
4. Business Addresses	<b>'</b>							
a. Street Address of Principal Office - Do not list a	х	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 <b>California</b> Office, if Item 4a is Do not list a P.O. Box	s not in C	alifornia	City (no abbreviations)		State	Zip Code		
each memb manager/me	er. At leas ember is a ger/memb	st one name an individua per is an ade	nted or elected, pe and address mul, complete Items ditional managers 2A.	ust be listed s 5a and 5c	l. If the (leave It	em 5b b	olank).	
a. First Name, if an individual - Do not complete Item 5b		Midd	le Name				Suffix	
b. Entity Name - Do not complete Item 5a								
c. Address				City (no abbreviations)		Zip Code		
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INDIVIDU	JAL – Complete Items 6a and 6b only. Must inc	lude ag	ent's full name a	nd California	a street a	address	
a. California A	gent's First Name (if agent is <b>not</b> a corporation)	Midd	liddle Name Last Name		е		Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter P.O. Box</b>		a a	City (no abbrev	viations) State 2		Zip Co	ode
					CA		
CORPOR	ATION – Complete Item 6c only. Only include t	he nan	ne of the registere	ed agent Co	rporation	١.	
c. California R	egistered Corporate Agent's Name (if agent is a	corpora	ation) – Do not co	mplete Item	ı 6a or 6l	0	
7. Type of B	Business						
Describe the ty	ype of business or services of the Limited Liabilit	y Com <sub>l</sub>	oany				
8. Chief Exe	ecutive Officer, if elected or appointed						
a. First Name		Middle Name		Last Name			Suffix
b. Address		City (no abbreviations)			State Zip Code		ode
9. Labor Ju	dgment (See <u>instructions)</u>						
section <u>1770</u> of Labor Star	ager or Member, as further defined by Califor 2.09(a)(8), have an outstanding final judgmendards Enforcement or a court of law, for whon of any wage order of provision of the Lab	ent issu ich no	ued by the Divis appeal is pendi	ion	Ye	es	No
10. Email No	otifications				•		
reminders, by	mail address to opt-in to receive entity relate y email rather than USPS mail. Note: If no e reminders by USPS mail.			•			
Yes, I opt-in	to receive entity notifications via email. Ema	il Addr	ess:				
To change ye	our option after filing, you must submit a nev	v comp	olete Statement	of Informa	tion.		
	affirm under penalty of perjury that the inform California law to sign.	nation	nerein is true an	d correct a	and that	I am	
Date	Type or Print Name		Title	 Signature			

**6. Service of Process** (Must provide either Individual **OR** Corporation.)