

LLC-12

21-G49226

FILED

In the office of the Secretary of State of the State of California

DEC 14, 2021

IMPORTANT — 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

				ı	his Space For Offic	e use (וועכ	
1. Limited Liability Company	Name (Enter the exact name of the	LLC. If you r	egistered in California	using an a	Iternate name, see instruct	ions.)		
AMANI TRADING LLC								
2. 12-Digit Secretary of State File Number		3. State, Foreign Country or Place of Organization (only if formed outside of California)						
202134710610		CALIFORNIA						
4. Business Addresses								
a. Street Address of Principal Office - D 15452 LA CASA DR		City (no abbreviations) MORENO VALLEY			State CA			
b. Mailing Address of LLC, if different t 15452 LA CASA DR		City (no abbreviations) MORENO VALLEY			State	Zip Code 92555		
c. Street Address of California Office, it 15452 LA CASA DR	t a P.O. Box	City (no abbreviations) MORENO VALLEY			State CA	Zip Code 92555		
5. Manager(s) or Member(s)	If no managers have been appo must be listed. If the manager/m an entity, complete Items 5b and has additional managers/member	ember is an ir 5c (leave Iten	ndividual, complete Ite n 5a blank). Note: Th	ems 5a and he LLC can	l 5c (leave Item 5b blank). Inot serve as its own mana	If the ma	anager/n	nember is
a. First Name, if an individual - Do not c Kenneth	omplete Item 5b		Middle Name		Last Name Steinbuch			Suffix
b. Entity Name - Do not complete Item 5	5a		1					ı
c. Address 15452 LA CASA DR		City (no abbreviations) MORENO VALLEY			State			
6. Service of Process (Must pro	ovide either Individual OR Corporati	ion.)					0200	
INDIVIDUAL – Complete Items	6a and 6b only. Must include agent	t's full name ai	nd California street ad	ldress.				
a. California Agent's First Name (if ager Kenneth		Middle Name		Last Name Steinbuch			Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box			City (no abbreviations)		Sterribuch	State	Zip Co	
15452 LA CASA DR			CA 1				555	
· · · · · · · · · · · · · · · · · · ·	em 6c only. Only include the name of							
c. California Registered Corporate Ager	it's Name (if agent is a corporation) – E	o not complete	e Item 6a or 6b					
7. Type of Business								
a. Describe the type of business or serv active trader in financial se								
8. Chief Executive Officer, if e	elected or appointed							
a. First Name			Middle Name		Last Name			Suffix
b. Address			City (no abbreviations)			State	Zip Co	ode
9. The Information contained	herein, including any attachm	nents, is tru	e and correct.					
12/14/2021 Kenneth Steinbuch			Manager					
Date Type or Print Name of Person Completing the Form		he Form	Title Signature					
Return Address (Optional) (For operson or company and the mailing address of the mailing						ument en	ter the r	name of a
Name:			7					
Company:								
Address:								

City/State/Zip: