



**Secretary of State
Statement of Information
(Limited Liability Company)**

LLC-12

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

Filing Fee - \$20.00

Certification Fee (Optional) - \$5.00

This Space For Office Use Only

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

2. Secretary of State Entity Number

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3. State, Foreign Country or Place of Organization
(only if formed outside of California)

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 CA	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 additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
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	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code

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 Company
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8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. Labor Judgment (See instructions)

Does a Manager or Member, as further defined by California Corporations Code section <u>17702.09(a)(8)</u> , have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal is pending, for the violation of any wage order or provision of the Labor Code?	☐ Yes ☐ No
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10. Email Notifications

Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by USPS mail.
Yes, I opt-in to receive entity notifications via email. Email Address: _____
To change your option after filing, you must submit a new complete Statement of Information.

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.