

State of California **Secretary of State**

STATEMENT OF INFORMATION

(Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Fullmer mech & Movers LLC

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

CED 0 0 2011

	This Space For	Filing Use Only
DUE DATE: 0CT 1 4 2011		
FILE NUMBER AND STATE OR PLACE OF ORGANIZATION		
2. SECRETARY OF STATE FILE NUMBER 3. STATE OR PLACE OF ORGANIZ	ZATION	
201122810299 California		
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)		
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE	11 00	ZIP CODE
19900 MacArthur Blvd. #658 Irving,	CA 92	612
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY	STATE	ZIP CODE
19900 MacAYHnur Blvd. #658 IYVINE	CA	92612
NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY		
6. NAME ADDRESS CITY AND STATE		ZIP CODE
NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)	VE BEEN APPOINT	ED OR ELECTED,
7. NAME ADDRESS CITY AND STATE		ZIP CODE
Bregmeen 10 Hermitage lane Lagura N	nonel CA	92677
8. NAME ADDRESS CITY AND STATE	0	ZIP CODE
John Movers 2520 23rd Street Newport Beach	CA	92660
9. NAME ADDRESS CITY AND STATE		ZIP CODE
Jamie Fullmer 4657 Broken Sordie Dr. Cottonios	od, AZ	86326
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certi		
1505 and Item 11 must be left blank.) 10. NAME OF AGENT FOR SERVICE OF PROCESS		
John Moneys		
11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY	STATE	ZIP CODE
19900 Mandy Mary Blyd #1058 Will		971017
TYPE OF BUSINESS	CA	10016
12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY		
BISINISS MONSULLINA		
13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT		<u> </u>
13. THE IN CHMATION CONTAINED HEREIN IS TADE AND CONNECTY		
blue Manage Allens	100, 100 0.0	alastu
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM SIGNATURE	Mayman	DATE
LLC-12 (REV 03/2007)		CRETARY OF STATE
110		

Additional Manager(s):

Timothy Blett 27762 Hidden Trail Road Laguna Hills CA 92653