



BA20250255365



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

-FILED-

File No.: BA20250255365

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Entity Details							
Limited Liability Company Name	RAMP INSURANCE SOLUTIONS LLC						
Entity No.	202565613411						
Formed In	CALIFORNIA						
Street Address of Principal Office of LLC							
Principal Address	842 S SAN TOMAS AQUINO RD CAMPBELL, CA 95008						
Mailing Address of LLC							
Mailing Address	842 S SAN TOMAS AQUINO RD CAMPBELL, CA 95008						
Attention							
Street Address of California Office of LLC							
Street Address of California Office	842 S SAN TOMAS AQUINO RD CAMPBELL, CA 95008						
Manager(s) or Member(s)							
<table border="1"> <thead> <tr> <th>Manager or Member Name</th> <th>Manager or Member Address</th> </tr> </thead> <tbody> <tr> <td>+ MONICA ALEJANDRA RAMIREZ VALENCIA</td> <td>842 S SAN TOMAS AQUINO RD CAMPBELL, CA 95008</td> </tr> <tr> <td>+ ANGELICA MARIA PENA GALLO</td> <td>842 S SAN TOMAS AQUINO RD CAMPBELL, CA 95008</td> </tr> </tbody> </table>		Manager or Member Name	Manager or Member Address	+ MONICA ALEJANDRA RAMIREZ VALENCIA	842 S SAN TOMAS AQUINO RD CAMPBELL, CA 95008	+ ANGELICA MARIA PENA GALLO	842 S SAN TOMAS AQUINO RD CAMPBELL, CA 95008
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Agent for Service of Process							
California Registered Corporate Agent (1505)	BUSINESS FREEDOM FILING INC Registered Corporate 1505 Agent						
Type of Business							
Type of Business	INSURANCE						
Email Notifications							
Opt-in Email Notifications	No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.						
Chief Executive Officer (CEO)							
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Labor Judgment							
No Manager or Member, as further defined by California Corporations Code section 17702.09(a)(8), has 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.							

Electronic Signature

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.

MONICA ALEJANDRA RAMIREZ VALENCIA

02/04/2025

Signature

Date