



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

**LLC-12**

For Office Use Only

**-FILED-**

File No.: BA20221082727

Date Filed: 10/31/2022

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.)

**APPLE & EVE, LLC**

**2. 12-Digit Secretary of State Entity Number**

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

**DELAWARE**

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
<b>1 COLLINS DRIVE, SUITE 200</b>	<b>CARNEY'S POINT</b>	<b>NJ</b>	<b>08069</b>
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
<b>1 COLLINS DRIVE, SUITE 200</b>	<b>CARNEY'S POINT</b>	<b>NJ</b>	<b>08069</b>
c. Street Address of California Office, if Item 4a is not in California Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
<b>1755 E ACACIA STREET</b>	<b>ONTARIO</b>	<b>CA</b>	<b>91761</b>

**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>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
b. Entity Name - Do not complete Item 5a			
<b>LASSONDE PAPPAS AND COMPANY, INC.</b>			
c. Address	City (no abbreviations)	State	Zip Code
<b>1 COLLINS DRIVE, SUITE 200</b>	<b>CARNEY'S POINT</b>	<b>NJ</b>	<b>08069</b>

**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 <b>not</b> a corporation)	Middle Name	Last Name	Suffix
PHILIP	N/A	MITCHELL	N/A
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
1755 E ACACIA STREET	ONTARIO	CA	91761

**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

CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA, AS CSC - LAWYERS INCORPORATING SERVICE (C1592199)

**7. Type of Business**

Describe the type of business or services of the Limited Liability Company

JUICE PRODUCTS

**8. Chief Executive Officer, if elected or appointed**

a. First Name	Middle Name	Last Name	Suffix
ERIC	N/A	GEMME	N/A
b. Address	City (no abbreviations)	State	Zip Code
1 COLLINS DRIVE, SUITE 200	CARNEY'S POINT	NJ	08069

**9. Labor Judgment**

Does any Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?

☐ Yes ☒ No**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: KYRA.BEKE@LASSONDE.COM

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.

10/20/2022 KYRA BEKE

ACCOUNTANT

Date

Type or Print Name

Title

Signature