

LLC-12

22-B10569

FILED

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

FEB 18, 2022

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IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

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

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, <u>see instructions</u>.)

RSC AUTOMOTIVE REPAIR CENTER LLC

2. 12-Digit Secretary of State Entity Number
 3. State, Foreign Country or Place of Organization (only if formed outside of California)
 CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
245 Calle Pintoresco	San clemente	CA	92672
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
245 Calle Pintoresco	San clemente	CA	92672
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
245 Calle Pintoresco	San clemente	CA	92672

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
Juan	J	Bonilla Lopez			
b. Entity Name - Do not complete Item 5a					
b. Entity Name - Do not complete item 5a					
c. Address	City (no abbrev	riations)	State	Zip Co	de
23301 RIDGE ROUTE DR	LAGUNA HILLS	3	CA	92653	

INDIVIDU	AL – Complete Items 6a and 6b only. Must incl	ude ag	ent's full name	and Californi	a street a	ddress	
a. California Ago	ent's First Name (if agent is not a corporation)	Midd	le Name	Last Name			Suffix
b. Street Addres	ss (if agent is not a corporation) - Do not enter	a	City (no abbre	eviations)	State	Zip C	ode
CORPORA	ATION – Complete Item 6c only. Only include t	he nam	ne of the registe	red agent Co	rporation	l.	
	gistered Corporate Agent's Name (if agent is a o M.COM, INC. (C2967349)	corpora	ation) – Do not o	complete Iten	n 6a or 6l)	
7. Type of Bu	ısiness						
Describe the type Automotive services	ne of business or services of the Limited Liability	y Comp	oany				
8. Chief Exec	cutive Officer, if elected or appointed						
a. First Name		Midd	liddle Name Last Name		e Su		Suffix
b. Address			City (no abbre	eviations)	State	Zip C	ode
9. Labor Jud	gment				1	1	
of Labor Stand	per or Member have an outstanding final jud lards Enforcement or a court of law, for whi e violation of any wage order or provision o	ich no	appeal therefore		☐ Ye	es [☑ No
	g, I affirm under penalty of perjury that the ind by California law to sign.	nforma	ation herein is	true and co	rect and	I that I	am
02/18/2022	Juan J Bonilla		Member				
Date	Type or Print Name		Title	Si	gnature		

6. Service of Process (Must provide either Individual **OR** Corporation.)

LLC-12A Attachment

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Α.	Limited Liability Company Name
RS	C AUTOMOTIVE REPAIR CENTER LLC

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B.	12-Digit Secretary of State File Number	C.	State or Place of Organization (only if formed outside of California)
ĺ	201227210114		CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Luis	Middle Name M	Last Name Pinedo		Suffix
Entity Name				
Address 34052 Doheney Park Rd	City (no abbreviations) Capistrano Beach	City (no abbreviations) Capistrano Beach		Zip Code 92624
First Name	Middle Name	Last Name		Suffix
Entity Name				
Address	City (no abbreviations)	City (no abbreviations)		Zip Code
First Name	Middle Name	Last Name		Suffix
Entity Name	-	1		
Address	City (no abbreviations)	City (no abbreviations)		Zip Code
First Name	Middle Name	Last Name		Suffix
Entity Name	<u>'</u>	-		
Address	City (no abbreviations)	City (no abbreviations) State		
First Name	Middle Name	Middle Name Last Name		Suffix
Entity Name	1			II.
Address	City (no abbreviations)	City (no abbreviations)		Zip Code
First Name	Middle Name	Last Name		Suffix
Entity Name				l
Address	City (no abbreviations)	City (no abbreviations) State		Zip Code
First Name	Middle Name	Last Name		Suffix
Entity Name	l			<u> </u>
Address	City (no abbreviations)	City (no abbreviations) State		Zip Code