



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

**LLC-12**

20-B80571

**FILED**

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

APR 28, 2020

**IMPORTANT** — [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

**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, [see instructions](#).)

TORQUED LLC

**2. 12-Digit Secretary of State File Number**  
 201810910539

**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<br>121 S Maple Ave Suite 4                                   | City (no abbreviations)<br>South San Francisco | State<br>CA | Zip Code<br>94080 |
| b. Mailing Address of LLC, if different than item 4a<br>636 Wisconsin St  | City (no abbreviations)<br>San Francisco       | State<br>CA | Zip Code<br>94107 |
| c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box<br>121 S Maple Ave Suite 4 | City (no abbreviations)<br>South San Francisco | State<br>CA | Zip Code<br>94080 |

**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 entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

|  |  |                         |                   |
|--|--|-------------------------|-------------------|
| a. First Name, if an individual - Do not complete Item 5b<br>Tim | Middle Name                              | Last Name<br>Trampedach | Suffix            |
| b. Entity Name - Do not complete Item 5a                         |  |                         |                   |
| c. Address<br>636 Wisconsin St                                   | City (no abbreviations)<br>San Francisco | State<br>CA             | Zip Code<br>94107 |

**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)<br>Tim                                | Middle Name                              | Last Name<br>Trampedach | Suffix            |
| b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b><br>636 Wisconsin St | City (no abbreviations)<br>San Francisco | State<br>CA             | Zip Code<br>94107 |

**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**

a. Describe the type of business or services of the Limited Liability Company  
 Motorsports parts importer & distributor

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

|                                |  |                         |                   |
|--------------------------------|--|-------------------------|-------------------|
| a. First Name<br>Tim           | Middle Name                              | Last Name<br>Trampedach | Suffix            |
| b. Address<br>636 Wisconsin St | City (no abbreviations)<br>San Francisco | State<br>CA             | Zip Code<br>94107 |

**9. The Information contained herein, including any attachments, is true and correct.**

04/28/2020

Tim Trampedach

CEO

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]