



BA20230955136

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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) 653-3516

For Office Use Only

-FILED-

File No.: BA20230955136

Date Filed: 6/14/2023

Entity Details					
Limited Liability Company Name	DHS MANUAL THERAPY LLC				
Entity No.	202121510341				
Formed In	CALIFORNIA				
Street Address of Principal Office of LLC					
Principal Address	2706 MAXSON RD #8 EL MONTE, CA 91732				
Mailing Address of LLC					
Mailing Address	2706 MAXSON RD #8 EL MONTE, CA 91732				
Attention					
Street Address of California Office of LLC					
Street Address of California Office	2706 MAXSON RD #8 EL MONTE, CA 91732				
Manager(s) or Member(s)					
<table><thead><tr><th>Manager or Member Name</th><th>Manager or Member Address</th></tr></thead><tbody><tr><td>+ Ramiro Ortiz</td><td>2706 MAXSON RD #8 EL MONTE, CA 91732</td></tr></tbody></table>		Manager or Member Name	Manager or Member Address	+ Ramiro Ortiz	2706 MAXSON RD #8 EL MONTE, CA 91732
Manager or Member Name	Manager or Member Address				
+ Ramiro Ortiz	2706 MAXSON RD #8 EL MONTE, CA 91732				
Agent for Service of Process					
California Registered Corporate Agent (1505)	ZENBUSINESS INC. Registered Corporate 1505 Agent				
Type of Business					
Type of Business	Manual Therapy for muscle health and performance				
Email Notifications					
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.				
Chief Executive Officer (CEO)					
<table><thead><tr><th>CEO Name</th><th>CEO Address</th></tr></thead><tbody><tr><td colspan="2">None Entered</td></tr></tbody></table>		CEO Name	CEO Address	None Entered	
CEO Name	CEO Address				
None Entered					
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.

Ramiro Ortiz

Signature

06/14/2023

Date