



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

**LLC-12**

**22-B54446**

**FILED**

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

**MAR 10, 2022**

This Space For Office Use Only

**IMPORTANT** — This form can be filed online at  
[bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).

[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, [see instructions](#).)

CABERNET VOLTAIRE LLC

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

202112310963

**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 1226 3rd Street	City (no abbreviations) Napa	State CA	Zip Code 94559
b. Mailing Address of LLC, if different than item 4a 42 El Monte Way	City (no abbreviations) Napa	State CA	Zip Code 94558
c. Street Address of <b>California</b> Office, if Item 4a is not in California Do not list a P.O. Box 1226 3rd Street	City (no abbreviations) Napa	State <b>CA</b>	Zip Code 94559

**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 Faith	Middle Name	Last Name Ventrello	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 42 El Monte Way	City (no abbreviations) Napa	State CA	Zip Code 94558

**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
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State <b>CA</b>	Zip Code

**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 ZENBUSINESS INC. (C4548731)
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**7. Type of Business**

Describe the type of business or services of the Limited Liability Company Record Store and Restaurant
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**8. Chief Executive Officer, if elected or appointed**

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

**9. Labor Judgment**

Does a 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**10.** 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.

03/10/2022

Date

Faith Ventrello

Type or Print Name

Member

Title

Signature