

STATE OF CALIFORNIA

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

BA20242026371

For Office Use Only



File No.: BA20242026371 Date Filed: 11/18/2024

CALIFORNA	1500 11th Street Sacramento, California 95814 (916) 657-5448			Date Filed: 11/18/2024
Entity Details				
Limited Liability Company Name		Pure Lymphatic Flow Studio LLC		
Entity No.			202464611221	
Formed In		CALIFORNIA		
Street Address of Princ	cipal Office of LLC			
Principal Address		7909 ATLANTIC AVE		
			STUDIO 26 CUDAHY, CA 90201	
			CODAIII, CA 30201	
Mailing Address of LLC			466 FOREST AVE	
Mailing Address		LOS ANGELES, CA 90033		
Attention				
Street Address of Calif	ornia Office of LLC			
Street Address of California Office			None	
Manager(s) or Membe	r(s)			
	Manager or Member Name		Manager or Member Address	
+ Andrea Cer	+ Andrea Cervantes		2757 FOLSOM ST	
			LOS ANGELES, CA 90033	
			ł	
Agent for Service of Pr	rocess			
California Regist	tered Corporate Agent (1505)		REGISTERED AGENTS INC	
			Registered Corporate 1505 A	Agent
Type of Business				
Type of Busines	S		Massage Therapist	
Email Notifications				
Opt-in Email Notifications		No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.		
Chief Executive Office	r (CEO)			
	CEO Name		CEO Add	dress
None Entered				
Labor Judgment	Mombor as further defined by Califor	rnia Ca	rnorations Code costion 1770	(2,00(a)/9) has an
	Member, as further defined by Califor al judgment issued by the Division of I			
	ng, for the violation of any wage order			

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.				
Rosie Chan, Organizer	11/18/2024			
Signature	Date			