



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

43

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Javier Manuel Gomez LLC

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

MAY 27 2008

This Space For Filing Use Only

DUE DATE: JUN 24 2008

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200811510254

3. STATE OR PLACE OF ORGANIZATION

CA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

2865 Main Street Ste B. Chula Vista CA 91911

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

2865 Main Street Ste B. Chula Vista CA 91911

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

Javier M. Gomez 427 Anita June Ct. Chula Vista CA 91911

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

Javier M. Gomez

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

2865 Main St. Ste B. Chula Vista CA 91911

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Purchases, sales, repairs and maintenance of lawnmowers and similar equipments.

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Rosa E. Castellon

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Rosa E. Castellon

SIGNATURE

Self-employed

TITLE

5/12/08

DATE