



BA20241971571



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) 657-5448

For Office Use Only

-FILED-

File No.: BA20241971571

Date Filed: 11/6/2024

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Entity Details					
Limited Liability Company Name	healthlitco LLC				
Entity No.	202464511709				
Formed In	CALIFORNIA				
Street Address of Principal Office of LLC					
Principal Address	2208 LAKESHORE AVENUE OAKLAND, CA 94606				
Mailing Address of LLC					
Mailing Address	2208 LAKESHORE AVENUE OAKLAND, CA 94606				
Attention					
Street Address of California Office of LLC					
Street Address of California Office	None				
Manager(s) or Member(s)					
<table border="1"> <thead> <tr> <th>Manager or Member Name</th> <th>Manager or Member Address</th> </tr> </thead> <tbody> <tr> <td>+ katrina ibarra</td> <td>2208 LAKESHORE AVENUE OAKLAND, CA 94606</td> </tr> </tbody> </table>		Manager or Member Name	Manager or Member Address	+ katrina ibarra	2208 LAKESHORE AVENUE OAKLAND, CA 94606
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Agent for Service of Process					
California Registered Corporate Agent (1505)	Entity Protect Registered Agent Services Corp. Registered Corporate 1505 Agent				
Type of Business					
Type of Business	retail				
Email Notifications					
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.				
Chief Executive Officer (CEO)					
<table border="1"> <thead> <tr> <th>CEO Name</th> <th>CEO Address</th> </tr> </thead> <tbody> <tr> <td>+ KATRINA IBARRA</td> <td>2208 LAKESHORE AVE OAKLAND, CA 94606</td> </tr> </tbody> </table>		CEO Name	CEO Address	+ KATRINA IBARRA	2208 LAKESHORE AVE OAKLAND, CA 94606
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+ KATRINA IBARRA	2208 LAKESHORE AVE OAKLAND, CA 94606				
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					
<input checked="" type="checkbox"/> 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.					
<u>KATRINA IBARRA</u>	<u>11/06/2024</u>				
Signature	Date				