



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

21-D95105

FILED

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

AUG 03, 2021

IMPORTANT — [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

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1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

EXPEDITION PARTNERS LLC

2. 12-Digit Secretary of State File Number
202118210619

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 117B Harbor Way	City (no abbreviations) Santa Barbara	State CA	Zip Code 93109
b. Mailing Address of LLC, if different than item 4a 117B Harbor Way	City (no abbreviations) Santa Barbara	State CA	Zip Code 93109
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 117B Harbor Way	City (no abbreviations) Santa Barbara	State CA	Zip Code 93109

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 entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b Garrett	Middle Name	Last Name Kababik	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 117B Harbor Way	City (no abbreviations) Santa Barbara	State CA	Zip Code 93109

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 not a corporation) Chris	Middle Name	Last Name Cohen	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 111 W Topa Topa St	City (no abbreviations) Ojai	State CA	Zip Code 93023

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

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Tourism management

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. The Information contained herein, including any attachments, is true and correct.

08/03/2021

Chris Cohen

Attorney

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

21-D95105

A. Limited Liability Company Name

EXPEDITION PARTNERS LLC

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B. 12-Digit Secretary of State File Number

202118210619

C. State or Place of Organization (only if formed outside of California)

CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Kaia	Middle Name	Last Name Kababik	Suffix
Entity Name			
Address 117B Harbor Way	City (no abbreviations) Santa Barbara	State CA	Zip Code 93109
First Name Joel	Middle Name	Last Name Mulder	Suffix
Entity Name			
Address 117B Harbor Way	City (no abbreviations) Santa Barbara	State CA	Zip Code 93109
First Name Sarah	Middle Name	Last Name Horwath	Suffix
Entity Name			
Address 117B Harbor Way	City (no abbreviations) Santa Barbara	State CA	Zip Code 93109
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code