



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

21-E59734

FILED

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

SEP 07, 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](#).)

DUSIC PROPERTIES, LLC

2. 12-Digit Secretary of State File Number
202124310348

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
23 Corporate Plaza Drive, Suite 150-88

City (no abbreviations)
Newport Beach

State
CA Zip Code
92660

b. Mailing Address of LLC, if different than item 4a
3225 McLeod Dr, Suite 100

City (no abbreviations)
Las Vegas

State
NV Zip Code
89121

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box
23 Corporate Plaza Drive, Suite 150-88

City (no abbreviations)
Newport Beach

State
CA Zip Code
92660

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
Ulric

Middle Name
E.

Last Name
Usher

Suffix

b. Entity Name - Do not complete Item 5a

c. Address
23 Corporate Plaza Drive, Suite 150-88

City (no abbreviations)
Newport Beach

State
CA Zip Code
92660

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)

Middle Name

Last Name

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

City (no abbreviations)

State
CA 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

ANDERSON REGISTERED AGENTS (C3519827)

7. Type of Business

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

09/07/2021

Nathaly Baltimore

Authorized Representative

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: []



21-E59734

DUSIC PROPERTIES, LLC

202124310348

CALIFORNIA

[illegible]