



# State of California Secretary of State

## STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. LIMITED LIABILITY COMPANY NAME

GLOBAL COMMERCIAL AND MANAGEMENT SERVICES GROUP LLC

**FILED**  
Secretary of State  
State of California

MAR 21 2014

21/20/PC  
This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER  
201405210313

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE  
25085 AVENIDA CRESCENTA

CITY  
VALENCIA

STATE  
CA

ZIP CODE  
91355

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

CITY  
STATE  
ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE  
25085 AVENIDA CRESCENTA

CITY  
VALENCIA

STATE  
CA

ZIP CODE  
91355

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME ADDRESS CITY 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.)

9. NAME ADDRESS CITY STATE ZIP CODE  
RYAN K. AWNI 25085 AVENIDA CRESCENTA VALENCIA CA 91355

10. NAME ADDRESS CITY STATE ZIP CODE  
JEANINA P. AWNO 25085 AVENIDA CRESCENTA VALENCIA CA 91355

11. NAME ADDRESS CITY STATE ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS  
SPIEGEL & UTRERA, P.A., WHICH WILL DO BUSINESS IN CALIFORNIA AS SPIEGEL & UTRERA, P.C. C 2237836

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE  
NOT APPLICABLE CA

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
FINANCIAL AND MANAGEMENT SERVICES

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

03/18/2014

NATALIA UTRERA

VICE PRESIDENT

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE