

State of California Secretary of State

75

STATEMENT OF INFORMATION

(Limited Liability Company)



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

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Isaac W Chin

5/6/14

DATE

LLC-12 (REV 01/2014)

1. LIMITED LIABILITY COMPANY NAME

Chin Family Investment Company, LUE P.O. Box 1994 San Ramon, CA 94583 FILED Secretary of State

State of California

FEB 0 6 2015

		Tris Space Po	or Filling US# Unity	
File Number and State or Place of Organization		-		
2. SECRETARY OF STATE FILE NUMBER 2003350/0085	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 State, or no Statement of Information has been previously filed			omia Secretary	of
If there has been no change in any of the information contain State, check the box and proceed to Item 15.	ned in the last Statement of Information	on filed with the (California Secreta	ary o
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 OFFICE	CITY	STATE	ZIP CODE	
1641 Lawrence Road	Danville, CA		94506	
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE	
P.O. Box 1994	San Ramon, CA		94583	
7. STREET ADDRESS OF CALIFORNIA OFFICE JSAAC W. CHIN 1641 LAWVENCE NO.	СПУ	STATE	ZIP CODE	
JSAAC W. CHIN /641 LAWVENCE ILL	Danville,	CA	94506	
Name and Complete Address of the Chief Executive Officer, If A	Any			
8. NAME ADDRESS	ČITA "	STATE	ZIP CODE	
Isaac W Chin 1641 Lawrence Road	Danville, CA		94506	
Name and Complete Address of Any Manager or Managers, on Address of Each Member (Attach additional pages, if necessary.)	or if None Have Been Appointed o	or Elected, Pro	vide the Name	and
9. NAME STAC CHIN 1641 CAWTERCE Rd	Danvalle	CA STATE 9	ZIP CODE	
10. NAME ADDRESS	CITY	STATE	ZIP CODE	
11. NAME ADDRESS	CITY	STATE	ZIP CODE	
Agent for Service of Process If the agent is an individual, the agent mu. P.O. Box is not acceptable. If the agent is a corporation, the agent must he corporations Code section 1505 and Item 13 must be left blank.	ive on file with the California Secretary of	e completed with State a certificate	a California addre pursuant to Cali	ss, a Iomia
12. NAME OF AGENT FOR SERVICE OF PROCESS ESAME W. CA.	V			
13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, I	FAN INDIVIDUAL CITY	STATE CA	PYSU6	_
Type of Business				
14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY		~ 1		
Real Estate Investment	. (\ //		

Manager

TITLE

SIGNATURE

APPROVED BY SECRETARY OF STATE