



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

21-F28325

FILED

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

OCT 13, 2021

This Space For Office Use Only

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

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

SOLTA MEDICAL DISTRIBUTION, LLC

2. 12-Digit Secretary of State File Number
202123010112

3. State, Foreign Country or Place of Organization (only if formed outside of California)
DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 400 Somerset Corp. Blvd.	City (no abbreviations) Bridgewater	State NJ	Zip Code 08807
b. Mailing Address of LLC, if different than item 4a 400 Somerset Corp. Blvd.	City (no abbreviations) Bridgewater	State NJ	Zip Code 08807
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

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	Middle Name	Last Name	Suffix
b. Entity Name - Do not complete Item 5a Solta Medical, Inc.			
c. Address 400 Somerset Corp. Blvd.	City (no abbreviations) Bridgewater	State NJ	Zip Code 08807

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

UNITED AGENT GROUP INC. (C3886943)

7. Type of Business

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

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.

10/13/2021

Date

Erin Saville, Special Manager

Type or Print Name of Person Completing the Form

Special Manager

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: []