



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

21-D80441

FILED

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

JUL 27, 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

This Space For Office Use Only

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

REBUILD THERAPY SERVICES LLC

2. 12-Digit Secretary of State File Number

202030810119

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

533 W Bobier Dr #207

City (no abbreviations)

Vista

State

CA

Zip Code

92083

b. Mailing Address of LLC, if different than item 4a

533 W Bobier Dr #207

City (no abbreviations)

Vista

State

CA

Zip Code

92083

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

533 W Bobier Dr #207

City (no abbreviations)

Vista

State

CA

Zip Code

92083

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

Dylan Tayag

c. Address

533 W Bobier Dr #207

City (no abbreviations)

Vista

State

CA

Zip Code

92083

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)

Dylan

Middle Name

Scott

Last Name

Tayag

Suffix

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

533 W Bobier Dr #207

City (no abbreviations)

Vista

State

CA

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92083

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

Private practice psychotherapy

8. Chief Executive Officer, if elected or appointed

a. First Name

Dylan

Middle Name

Scott

Last Name

Tayag

Suffix

b. Address

533 W Bobier Dr #207

City (no abbreviations)

Vista

State

CA

Zip Code

92083

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

07/27/2021

Date

Dylan Scott Tayag

Type or Print Name of Person Completing the Form

CEO

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: []