



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

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

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

OCT 18 2013

1. LIMITED LIABILITY COMPANY NAME

3391 Scambomo Street LLC

PC This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER

201323810286

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

STATE OF DELAWARE

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

CITY

STATE

ZIP CODE

3391 Scambomo Street

LOS ANGELES

CA

90065

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

CITY

STATE

ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE

CITY

STATE

ZIP CODE

3391 Scambomo Street

LOS ANGELES

CA

90065

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

8. NAME

ADDRESS

CITY

STATE

ZIP CODE

N/A

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

ELENA F. EXTRA

3391 Scambomo Street

LOS ANGELES

CA

90065

10. NAME

ADDRESS

CITY

STATE

ZIP CODE

N/A

11. NAME

ADDRESS

CITY

STATE

ZIP CODE

N/A

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

DELIA E. JARA

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

715 S. LAKE STREET

BURBANK

CA

91502

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

REAL ESTATE BUSINESS - APARTMENT RENTALS

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

10/10/13

ELENA F. EXTRA

MANAGING MEMBER

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE