

**STATE OF CALIFORNIA** 

California Secretary of State

Sacramento, California 95814

1500 11th Street

(916) 657-5448

Office of the Secretary of State

STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

## BA20241865963

BA202418039

For Office Use Only



File No.: BA20241865963 Date Filed: 10/21/2024

| Entity Details                                    |  |
|---|--|
| Limited Liability Company Name                    | Roll It Back Productions LLC                             |
| Entity No.  | 202464310778   |
| Formed In   | CALIFORNIA   |
| Street Address of Principal Office of LLC         |  |
| Principal Address                                 | 11987 BLACKSTONE CT<br>FONTANA, CA 92337                 |
| Mailing Address of LLC                            |  |
| Mailing Address                                   | 11987 BLACKSTONE CT<br>FONTANA, CA 92337                 |
| Attention   | Tina R Poston  |
| Street Address of California Office of LLC        |  |
| Street Address of California Office               | None   |
| Manager(s) or Member(s)                           |  |
| Manager or Member Name                            | Manager or Member Address                                |
| + Tina R Poston                                   | 11987 BLACKSTONE CT<br>FONTANA, CA 92337                 |
| Agent for Service of Process                      |  |
| Agent Name  | Tina R Poston  |
| Agent Address                                     | 11987 BLACKSTONE CT<br>FONTANA, CA 92337                 |
| Type of Business                                  |  |
| Type of Business                                  | Operation Consulting                                     |
| Email Notifications<br>Opt-in Email Notifications | Yes, I opt-in to receive entity notifications via email. |
| Chief Executive Officer (CEO)                     |  |
| CEO Name  | CEO Address  |
| + Tina R Poston                                   | 11987 BLACKSTONE CT<br>FONTANA, CA 92337                 |

appeal is pending, for the violation of any wage order or provision of the Labor Code.

| Electronic Signature  |            |  |
|---|------------|--|
| By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign. |            |  |
| Tina Poston   | 10/21/2024 |  |
| Signature   | Date       |  |
|   |            |  |
|   |            |  |