

## Secretary of State Statement of Information

(Limited Liability Company)

LLC-12

FILED Secretary of State State of California

OCT 25 2021

IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

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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		Above 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.)						
T16 Sorelle Partners, LLC						;
12-Digit Secretary of State Entity (File) Number     3. State,	Foreign Countr	y or Place o	of Organization (only if for	med out	side of C	California)
2 0 2 1 2 1 8 1 0 1 6 9 Delay	ware					
4. Business Addresses						
a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)			State	Zip Co	
687 South Coast Highway 101, Suite 240	Encinitas			CA	92024	
b. Mailing Address of LLC, If different than Item 4a	City (no abbreviations)			State	Zip Code	
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbrevia	abbreviations)			Zip Code	
5. Manager(s) or Member(s)  If no managers have been appointed or electe must be listed. If the manager/member is an in an entity, complete Items 5b and 5c (leave Ite LLC has additional managers/members, enter it	dividual, complete im 5a blank). No	te: The LLC	l 5c (leave Item 5b blank). I cannot serve as its own ma	f the ma	nager/m	ember is
a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name				Suffix
b. Entity Name - Do not complete Item 5a T16 Sorelle Investor, LLC	•					
687 South Coast Highway 101, Suite 240	City (no abbreviations) Encinitas		State CA	1 = 7		
6. Service of Process (Must provide either Individual OR Corporation.)						
INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name ar	nd California street	t address.				
a. California Agent's First Name (if agent is not a corporation) Michael	Middle Name	Farley				Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box				State CA	Zip Co	
687 South Coast Highway 101, Suite 240	South Coast Highway 101, Suite 240 Encinitas				92024	
CORPORATION - Complete Item 6c only. Only include the name of the registers		ion.				
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete	item 6a or 6b					
7. Type of Business						
Describe the type of business or services of the Limited Liability Company						
real estate investment						
8. Chief Executive Officer, if elected or appointed	T	<del></del>	I a a Marian			0.45
a. First Name	Middle Name Last Name		<b>.</b> .		Suffix	
b. Address	City (no abbreviations) State Zip			Zip Co	ode	
	<u> </u>			L	L	
By signing, I affirm under penalty of perjury that the information herein is	true and correct	and that I a	m authorized by Californi	a law to	sign.	

Michael Farley

Member of Tower 18 Holdings, LLC, Member of T16 SORRELLE, LLC, a Delaware limited liability company, Managing Member

Date

Type or Print Name of Person Completing the Form

Title

Signature Signature

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LLC-12 (REV 11/2020)