



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

20-B61432

**FILED**

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

APR 09, 2020

**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](#).)

BYTES ROBOTICS LLC

**2. 12-Digit Secretary of State File Number**  
202009810105

**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 1213 Mariemont Avenue	City (no abbreviations) Sacramento	State CA	Zip Code 95864
b. Mailing Address of LLC, if different than item 4a 1213 Mariemont Avenue	City (no abbreviations) Sacramento	State CA	Zip Code 95864
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1213 Mariemont Avenue	City (no abbreviations) Sacramento	State CA	Zip Code 95864

**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 Michael	Middle Name Robert	Last Name Equi	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1213 Mariemont Avenue	City (no abbreviations) Sacramento	State CA	Zip Code 95864

**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 <b>not</b> a corporation) Caelin	Middle Name Myo	Last Name Sutch	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 1529 Barnett Circle	City (no abbreviations) Carmichael	State CA	Zip Code 95608

**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  
We develop, sell, and lease robots.

**8. Chief Executive Officer, if elected or appointed**

a. First Name Michael	Middle Name Robert	Last Name Equi	Suffix
b. Address 1213 Mariemont Avenue	City (no abbreviations) Sacramento	State CA	Zip Code 95864

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

04/09/2020

Michael Robert Equi

CEO

Date

Type or Print Name of Person Completing the Form

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: [ ]



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BYTES ROBOTICS LLC

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# CALIFORNIA

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