



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

JAN 11 2017

26/20/CC

This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME

Jeb-Rivera, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER **200705710202**

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
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 OFFICE	CITY	STATE	ZIP CODE
3547 Voyager Street # 201	Torrance,	CA	90503

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
3547 Voyager Street # 201	Torrance	CA	90503

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

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
Ray Garcia	8740 Tuscany Ave. # 304	Playa Del Rey	CA	90293

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
Michael Glick	22035 Saddle Peak Rd	Topanga,	CA	90290

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Ray Garcia	8740 Tuscany Ave. # 304	Playa Del Rey,	CA	90293

11. NAME	ADDRESS	CITY	STATE	ZIP CODE

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
Michael Glick

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
3547 Voyager Street # 201	Torrance	CA	90503

Type of Business

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

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

1-11-17
DATE

Michael Glick
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Managing Member
TITLE

SIGNATURE