

STATE OF CALIFORNIA

Office of the Secretary of State

STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

BA20241970028

For Office Use Only



| CLIFORM | California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 | File No.: BA20241970028 Date Filed: 11/6/2024 |
|---|---|---|
| Entity Details | | |
| Limited Liability Company Name | | Gog Consulting Services LLC |
| Entity No. | | 202464511173 |
| Formed In | | CALIFORNIA |
| Street Address of Princ | ipal Office of LLC | |
| Principal Address | 5 | 4432 MCNAB AVE LAKEWOOD, CA 90713 |
| Mailing Address of LLC | | |
| Mailing Address | | 4432 MCNAB AVE LAKEWOOD, CA 90713 |
| Attention | | |
| Street Address of California Office of LLC Street Address of California Office | | 4432 MCNAB AVE LAKEWOOD, CA 90713 |
| Manager(s) or Member | (s) | |
| Manager or Member Name | | Manager or Member Address |
| + John Webber | | 4432 MCNAB AVE LAKEWOOD, CA 90713 |
| Agent for Service of Pro | 22930 | |
| California Registered Corporate Agent (1505) | | UNITED STATES CORPORATION AGENTS, INC. Registered Corporate 1505 Agent |
| Type of Business | | |
| Type of Business | | Consulting services for various aspects of infrastructure projects. |
| Email Notifications | | |
| Opt-in Email Notifications | | No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail. |
| Chief Executive Officer | (CEO) | |
| | CEO Name | CEO Address |
| | N | one Entered |
| | | |

No Manager or Member, as further defined by California Corporations Code section 17702.09(a)(8), has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no 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. | | | |
| John Webber | 11/06/2024 | | |
| Signature | Date | | |
| | | | |