

LLC-12

21-E23614

FILED

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

AUG 16, 2021

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.)				
EAST 4 PROPERTIES LLC				
2. 12-Digit Secretary of State File Number	3. State, Foreign Country	ry or Place of Organization (only if formed outside of California)		
202121110024	CALIFORNIA			

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 22753 E HWY 4	City (no abbreviations) Farmington	State CA	Zip Code 95215
b. Mailing Address of LLC, if different than item 4a 22753 E HWY 4	City (no abbreviations) Farmington	State CA	Zip Code 95215
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 22753 E HWY 4	City (no abbreviations) Farmington	State CA	Zip Code 95215

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 <u>and</u> 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 Geoffrey	Middle Name	Last Name Hworth		Suffix
b. Entity Name - Do not complete Item 5a				
c. Address 22767 E HWY 4 City (no abbrev Farmington			State CA	Zip Code 95215

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 not a corporation) Marga	Middle Name	Last Name Haworth			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 22767 E HWY 4	City (no abbreviations) Farmington		State CA	Zip Co 952	

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 Real Estate Acquisition

8. Chief Executive Officer, if elected or appointed

a. First Name Geoffrey	Middle Name	Last Name Haworth			Suffix
b. Address 22767 E HWY 4	City (no abbreviations) Farmington		State CA	Zip Co 952	

9.	The Information	contained I	nerein, ind	cluding any	attachment	s, is	true and	correct	
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	08/16/2021	Geoffrey Haworth	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									
Э	person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)								

Name: Company:

Address:

City/State/Zip: