



State of California  
Bill Jones  
Secretary of State

LIMITED LIABILITY COMPANY – STATEMENT OF INFORMATION

Filing Fee - Please see information section

IMPORTANT – Read Instructions Before Completing This Form

**FILED**  
In the Office of the Secretary of State  
of the State of California

SEP 20 2001

*Bill Jones*  
BILL JONES, Secretary of State

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1. LIMITED LIABILITY COMPANY NAME

CHERIES, LLC

7

2. SECRETARY OF STATE FILE NUMBER

200103310013

3. JURISDICTION OF FORMATION

California

4. ~~STREET~~ ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

Encinitas Market Place 146-B North El Camino Real, Encinitas, CA 92024

5. ~~STREET~~ ADDRESS IN CALIFORNIA OF OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY) CITY

ZIP CODE

Encinitas Market Place 146-B North El Camino Real, Encinitas

CA

92024

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS:

☒ AN INDIVIDUAL RESIDING IN CALIFORNIA.

☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505 OF THE CALIFORNIA CORPORATIONS CODE.

AGENT'S NAME: Cherie L. Gates

7. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

ZIP CODE

Encinitas Market Place 146-B North El Camino Real, Encinitas

CA

92024

8. DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY.

Investment

LIST THE 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 AND CHIEF EXECUTIVE OFFICER (CEO), IF ANY. (CHECK THE APPROPRIATE DESIGNATION). ATTACH ADDITIONAL PAGES IF NECESSARY.

9. NAME Cherie L. Gates

☐ MANAGER

ADDRESS Encinitas Market Place 146-B North El Camino Real

☒ MEMBER

CITY Encinitas

STATE CA

ZIP 92024

☐ CEO, IF ANY

10. NAME

☐ MANAGER

ADDRESS

☐ MEMBER

CITY

STATE

ZIP

☐ CEO, IF ANY

11. NUMBER OF PAGES ATTACHED, IF ANY.

12. I DECLARE THAT THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF INDIVIDUAL AUTHORIZED TO SIGN

DATE

Cherie L. Gates - Member

TYPE OR PRINT NAME AND TITLE OF PERSON SIGNING

S-2.01

DUE DATE:

*[Signature]*