



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

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FILED
 Secretary of State
 State of California

OCT 07 2021

IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

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

25/20/00

Above 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.)

CUT THROAT ENTERTAINMENT MANAGEMENT, LLC

2. 12-Digit Secretary of State Entity (File) Number

2 0 2 1 2 0 2 1 0 5 8 0

3. State, Foreign Country or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 1025 MACARTHUR AVE	City (no abbreviations) WINTERS	State CA	Zip Code 95694
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

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 address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete item 5b LUIS	Middle Name MANUEL	Last Name SALCEDO	Suffix
b. Entity Name - Do not complete item 5a			
c. Address 1025 MACARTHUR AVE	City (no abbreviations) WINTERS	State CA	Zip Code 95694

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) LUIS	Middle Name MANUEL	Last Name SALCEDO	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 1025 MACARTHUR AVE			
City (no abbreviations) WINTERS		State CA	Zip Code 95694

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

Describe the type of business or services of the Limited Liability Company

ENTERTAINMENT

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address			
City (no abbreviations)		State	Zip Code

9. 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.

08/16/2021

Date


LUIS MANUEL SALCEDO

Type or Print Name of Person Completing the Form

MANAGER

Title

Luis Manuel Salcedo
 Signature

 Attachment to Statement of Information (Limited Liability Company)	LLC-12A Attachment
A. Limited Liability Company Name (Enter the exact name on file with the California Secretary of State.) CUT THROAT ENTERTAINMENT MANAGEMENT, LLC	
<i>Above Space For Office Use Only</i>	
B. 12-Digit Secretary of State Entity (File) Number <div style="text-align: center; font-size: 1.2em; font-weight: bold;">202120210580</div>	C. State, Foreign Country, or Place of Organization (only if formed outside of California)

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

2a. First Name--Do not complete Item 2b JESUS	Middle Name ALBERTO	Last Name MORENO JIMENEZ	Suffix
2b. Entity Name -- Do not complete Item 2a			
2c. Address 1871 68TH AVE	City (no abbreviations) SACRAMENTO	State CA	Zip Code 95822
3a. First Name--Do not complete Item 3b RUBEN	Middle Name	Last Name RIOS	Suffix
3b. Entity Name -- Do not complete Item 3a			
3c. Address 4428 LOVETT ST	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90040
4a. First Name--Do not complete Item 4b ERNESTO	Middle Name	Last Name OROZCO	Suffix
4b. Entity Name -- Do not complete Item 4a			
4c. Address 1840 POMEROY AVE APT 206	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90033
5a. First Name--Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name -- Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name--Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name -- Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name--Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name -- Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name--Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name -- Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code

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