



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

21-C34089

FILED

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

MAY 03, 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

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1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

TOP EXCEL CAPITAL LLC

2. 12-Digit Secretary of State File Number

202110910467

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

WYOMING

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box

172 Center St., Ste. 202, #2869

City (no abbreviations)

Jackson

State

WY

Zip Code

83001

b. Mailing Address of LLC, if different than item 4a

172 Center St., Ste. 202, #2869

City (no abbreviations)

Jackson

State

WY

Zip Code

83001

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

11260 Donner Pass Rd., Ste. C1-1036

City (no abbreviations)

Truckee

State

CA

Zip Code

96161

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 addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b

Wai

Middle Name

Lung

Last Name

Lai

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

172 Center St., Ste. 202, #2869

City (no abbreviations)

Jackson

State

WY

Zip Code

83001

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)

Middle Name

Last Name

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

City (no abbreviations)

State

CA

Zip Code

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

CORPORATE DIRECT OF CALIFORNIA, INC. (C2539617)

7. Type of Business

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

To hold and manage investments

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. The Information contained herein, including any attachments, is true and correct.

05/03/2021

Date

Amy Highline

Type or Print Name of Person Completing the Form

Account Representative

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 person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []