



# State of California Secretary of State

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## STATEMENT OF INFORMATION (Limited Liability Company)

35/100

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FILED**  
Secretary of State  
State of California

**AUG 19 2013**

1. LIMITED LIABILITY COMPANY NAME  
DANG FOODS LLC

This Space For Filing Use Only

### File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER  
201122910149

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)  
CALIFORNIA

### No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

### Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE  
1619 5th Street  
CITY: Berkeley STATE: CA ZIP CODE: 94710

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5  
CITY: STATE: ZIP CODE:

7. STREET ADDRESS OF CALIFORNIA OFFICE  
1619 5th Street  
CITY: Berkeley STATE: CA ZIP CODE: 94710

### Name and Complete Address of the Chief Executive Officer, If Any

8. NAME: Vincent Kitirattagarn ADDRESS: 6424 Colby Street CITY: Oakland STATE: CA ZIP CODE: 94618

### 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 (Attach additional pages, if necessary.)

9. NAME: Andrew Kitirattagarn ADDRESS: 2724 Derby Street CITY: Berkeley STATE: CA ZIP CODE: 94705

10. NAME: ADDRESS: CITY: STATE: ZIP CODE:

11. NAME: ADDRESS: CITY: STATE: ZIP CODE:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS  
Vincent Kitirattagarn

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL  
6424 Derby Street  
CITY: Oakland STATE: CA ZIP CODE: 94618

### Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
IMPORTING AND DISTRIBUTING FOOD

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

8/15/13

ANDREW KITIRATTAGARN

DIRECTOR OF OPERATIONS

Andrew Kitirattagarn

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE