



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

140

19-410990

FILED
Secretary of State
State of California

APR 22 2019

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

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.)

DELTA CRANE SERVICE, LLC

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

1997 12010002

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

CA/17

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
2229 STEWART ST.	STOCKTON	CA	95204
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	Zip Code
		CA	

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	Middle Name	Last Name	Suffix
THOMAS	Anthony	PATTI	
b. Entity Name - Do not complete Item 5a			
c. Address	City (no abbreviations)	State	Zip Code
6115 COASTAL COVE CT.	STOCKTON	CA	95219

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
THOMAS	Anthony	PATTI	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
6115 COASTAL COVE CT.	STOCKTON	CA	95219

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

CRANE LIFTING

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
THOMAS	Anthony	PATTI	
b. Address	City (no abbreviations)	State	Zip Code
6115 COASTAL COVE CT.	STOCKTON	CA	95219

9. The information contained herein, including any attachments made part of this document, is true and correct.

4/16/19
Date

Kimberly Hovance
Type or Print Name of Person Completing the Form

Officer
Title

JK L...
Signature