

LLC-12

22-A31762

FILED

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

JAN 18, 2022

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IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

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

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, <u>see instructions</u>.)

ROXBURY MP, LLC

2. 12-Digit Secretary of State Entity Number

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

DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
9320 Wilshire Boulevard STE 306	Beverly Hills	CA	90212
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
9320 Wilshire Boulevard STE 306	Beverly Hills	CA	90212
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
9320 Wilshire Boulevard STE 306	Beverly Hills	CA	90212

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 additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Э		Suffix
Michael		Pashaie			
b. Entity Name - Do not complete Item 5a					
c. Address	City (no abb	City (no abbreviations)		Zip Co	de
9320 Wilshire Boulevard STE 306	Beverly Hills	Beverly Hills		90212	

INDIVIDUA	L – Complete Items 6a and 6b only. Must incl	ude ag	ent's full name a	and California	a street a	ddress	
a. California Ager	nt's First Name (if agent is not a corporation)	Middl	liddle Name Last Name		ne S		Suffix
Michael				Pashaie			
b. Street Address P.O. Box	b. Street Address (if agent is not a corporation) - Do not enter a		City (no abbreviations)		State	Zip Co	ode
9320 Wilshire Bou	ulevard STE 306	Beverly Hills			CA	90212	!
CORPORAT	TION – Complete Item 6c only. Only include t	he nam	e of the register	ed agent Co	rporation	l.	
c. California Regi	stered Corporate Agent's Name (if agent is a o	corpora	tion) – Do not c	omplete Item	ı 6a or 6k)	
7. Type of Bus	siness						
Describe the type	of business or services of the Limited Liability	y Comp	any				
Real Estate							
8 Chief Evecu	itive Officer, if elected or appointed						
	nive Officer, if elected of appointed	N 4: -1 -11	- Name	L a at Nia wa	_		Cee.
a. First Name		IVIIdai	e Name	Name Last Name			Suffix
b. Address			City (no abbre	abbreviations) State Zip (Zip Co	ode
9. Labor Judgi	ment						
of Labor Standa	er or Member have an outstanding final jud ords Enforcement or a court of law, for whi oviolation of any wage order or provision o	ich no	appeal therefro		☐ Y€	es 🛭	☑ No
	I affirm under penalty of perjury that the in by California law to sign.	nforma	tion herein is t	rue and cor	rect and	l that I	am
01/18/2022	timothy p sullivan		Law Office of	Timothy Sul	livan		
Date	Type or Print Name		Title	Signature			

6. Service of Process (Must provide either Individual **OR** Corporation.)