



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

22-B33596

FILED

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

MAR 01, 2022

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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

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

XTREME SAVING LLC

2. 12-Digit Secretary of State Entity Number

202118910444

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

CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
3518 W Del Monte Dr, Apt 7	Anaheim	CA	92804
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
598 Calhoun Cir	Corona	CA	92879
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
3518 W Del Monte Dr, Apt 7	Anaheim	CA	92804

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	Suffix
Nazneen		Kauser	
b. Entity Name - Do not complete Item 5a			
c. Address	City (no abbreviations)	State	Zip Code
3518 W Del Monte Dr, Apt 7	Anaheim	CA	92804

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) Shahid	Middle Name	Last Name Khan	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 598 Calhoun Cir	City (no abbreviations) Corona	State CA	Zip Code 92879

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 Retail & Wholesale
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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. Labor Judgment

Does a Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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10. 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.

03/01/2022

Date

Nazneen Kauser

Type or Print Name

Member

Title

Signature



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

22-B33596

A. Limited Liability Company Name

XTREME SAVING LLC

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B. 12-Digit Secretary of State File Number

202118910444

C. State or Place of Organization (only if formed outside of California)

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.

First Name Shamsul	Middle Name	Last Name Huda	Suffix
Entity Name			
Address 3518 W Del Monte Dr, Apt 7	City (no abbreviations) Anaheim	State CA	Zip Code 92804
First Name Shahid	Middle Name	Last Name Khan	Suffix
Entity Name			
Address 598 Calhoun Cir	City (no abbreviations) Corona	State CA	Zip Code 92879
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code