





STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20242093319 Date Filed: 11/27/2024

| ı | ntity Details | | | | | | |
|-------------------------------------|---|--|---|--|--|--|--|
| Corporation Name | | | YL78 INC | | | | |
| Entity No. | | | 6473772 | | | | |
| | Formed In | | CALIFORNIA | | | | |
| Si | Street Address of Principal Office of Corporation | | | | | | |
| Principal Address | | | 1547 DAWLEY AVE LA PUENTE, CA 91744 | | | | |
| М | ailing Address of Corp | oration | | | | | |
| | Mailing Address | | 1547 DAWLEY AVE LA PUENTE, CA 91744 | | | | |
| | Attention | | | | | | |
| Si | treet Address of Califor | rnia Office of Corporation | | | | | |
| Street Address of California Office | | | None | | | | |
| 0 | fficers | | | | | | |
| | Officer Name | Officer Address | Position(s) | | | | |
| | + YING LIU | 1547 DAWLEY AVE LA PUENTE, CA 91744 | Chief Executive Officer, Chief Financial Officer, Secretary | | | | |

| Officer Name | Officer Address | Position | Stated Position | | | |
|--------------|-----------------|----------|-----------------|--|--|--|
| None Entered | | | | | | |

Directors

| Director Name | Director Address | |
|---------------|--|--|
| + YING LIU | 1547 DAWLEY AVE LA PUENTE, CA 91744 | |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name YING LIU

Agent Address 1547 DAWLEY AVE

LA PUENTE, CA 91744

Type of Business

Type of Business CONSTRUCTION

Email Notifications

Opt-in Email Notifications No, I do NOT want to receive entity notifications via email. I

prefer notifications by USPS mail.

Labor Judgment

No Officer or Director of this Corporation has 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.

| Electronic Signature | | | | | |
|--|------------|--|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | |
| | | | | | |
| YING LIU | 11/27/2024 | | | | |
| Signature | Date | | | | |
| | | | | | |