



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

21-A68700

FILED

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

FEB 04, 2021

IMPORTANT — [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

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

MK REAL ESTATE HOLDINGS (DUBLIN) LLC

2. 12-Digit Secretary of State File Number

202102510040

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

11920 Dublin Green Drive

City (no abbreviations)

Dublin

State

CA

Zip Code

94568

b. Mailing Address of LLC, if different than item 4a

20 Wild Lilac Way

City (no abbreviations)

Orinda

State

CA

Zip Code

94563

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

11920 Dublin Green Drive

City (no abbreviations)

Dublin

State

CA

Zip Code

94568

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 addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b

Eric

Middle Name

Last Name

Min

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

20 Wild Lilac Way

City (no abbreviations)

Orinda

State

CA

Zip Code

94563

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)

Ali

Middle Name

Last Name

Oromchian

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

111 Deerwood Road, Suite 340

City (no abbreviations)

San Ramon

State

CA

Zip Code

94583

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

a. Describe the type of business or services of the Limited Liability Company

Real Estate

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. The Information contained herein, including any attachments, is true and correct.

02/04/2021

Date

Ali Oromchian

Type or Print Name of Person Completing the Form

Organizer

Title

Signature

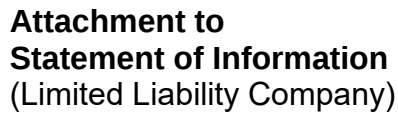
Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []



21-A68700

MK REAL ESTATE HOLDINGS (DUBLIN) LLC

202102510040

CALIFORNIA

Ji	First Name	Middle Name Hyun	Last Name Kim	Suffix
Entity Name				
Address 20 Wild Lilac Way		City (no abbreviations) Orinda	State CA	Zip Code 94563
First Name		Middle Name	Last Name	
Entity Name				
Address		City (no abbreviations)	State	Zip Code
First Name		Middle Name	Last Name	
Entity Name				
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Entity Name				