



State of California Secretary of State

L68
NW

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**1. LIMITED LIABILITY COMPANY NAME**EXTREMELY U LLC
416 NORTH CANON DRIVE
BEVERLY HILLS, CA 90210-4820**FILED**
Secretary of State
State of California**OCT 21 2013**

This Space For Filing Use Only

File Number and State or Place of Organization**2. SECRETARY OF STATE FILE NUMBER** 200730410124**3. STATE OR PLACE OF ORGANIZATION** (If formed outside of California)
CALIFORNIA**No Change Statement****4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 15**.**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 416 NORTH CANON DRIVE	BEVERLY HILLS	CA	90210
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 C/O BRANMAN & TEPLIN 280 SOUTH BEVERLY DR. SUITE 409	BEVERLY HILLS	CA	90212
7. STREET ADDRESS OF CALIFORNIA OFFICE 416 NORTH CANON DRIVE	BEVERLY HILLS	CA	90212

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
---------	---------	------	-------	----------

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
UMBERTO SAVONE	416 NORTH CANON DRIVE	BEVERLY HILLS	CA	90210
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
BABETTE BEJA SAVONE	416 NORTH CANON DRIVE	BEVERLY HILLS	CA	90210
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.**12. NAME OF AGENT FOR SERVICE OF PROCESS**
TED WEITZ

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
15332 ANTIOCH ST # 534	PACIFIC PALISADES	CA	90272

Type of Business**14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY**
DISTRIBUTOR - BEAUTY SUPPLIES**15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.**

10/16/2013

NEAL TEPLIN

CPA

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE