

## BA20241875735



## STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY California Secretary of State

1500 11th Street

(916) 657-5448

Sacramento, California 95814



File No.: BA20241875735 Date Filed: 10/22/2024

Entity Details	
Limited Liability Company Name	Best Care Shoppe LLC
Entity No.	202464216511
Formed In	CALIFORNIA
Street Address of Principal Office of LLC	
Principal Address	195 W. SHAW AVE , 101 A CLOVIS, CA 93612
Mailing Address of LLC	
Mailing Address	195 W. SHAW AVE , 101 A CLOVIS, CA 93612
Attention	Shelley Lew
Street Address of California Office of LLC	
Street Address of California Office	None
Manager(s) or Member(s)	
Manager or Member Name	Manager or Member Address
+ Shelley Lew	195 W SHAW AVE STE 101A CLOVIS, CA 93612
Agent for Service of Process	
Agent Name	Shelley Lew
Agent Address	195 W SHAW AVE STE 101A CLOVIS, CA 93612
Type of Business	
Type of Business	Signing patients up for insurance
Email Notifications Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.
Chief Executive Officer (CEO)	
CEO Name	CEO Address
None Entered	
Labor Judgment No Manager or Member, as further defined by California Corporations Code section 17702.09(a)(8), has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no	

appeal is pending, for the violation of any wage order or provision of the Labor Code.

Electronic Signature	
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.	
Shelley Lew	10/22/2024
Signature	Date