

16-345200

FILED


Secretary of State
State of California

NOV 14 2016

See Secretary of State's
records for exact entity name.

25/20/LLC

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 Secretary of State Statement of Information (Limited Liability Company)	75	LLC-12
	IMPORTANT — Read instructions before completing this form. Filing Fee - \$20.00 Copy Fees — Face Page \$1.00 & .50 for each attachment page; Certification Fee - \$5.00	

1. Limited Liability Company Name THAN LWIN TRANSPORTATION	
2. 12-Digit Secretary of State File Number 201304610158	3. State 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 5059 QUAIL RUN RD, Unit #172	City (no abbreviations) RIVERSIDE	State CA	Zip Code 92507
b. Mailing Address of LLC, if different than item 4a —	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box —	City (no abbreviations)	State CA	Zip Code

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 MAUNG	Middle Name MAUNG	Last Name KHA	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 5059 QUAIL RUN RD, Unit #172	City (no abbreviations) RIVERSIDE	State CA	Zip Code 92507

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation) MAUNG	Middle Name MAUNG	Last Name KHA	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 5059 QUAIL RUN RD, Unit #172	City (no abbreviations) RIVERSIDE	State CA	Zip Code 92507
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 GROUND PASSENGER TRANSPORTATION
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8. Chief Executive Officer, if elected or appointed

a. First Name MAUNG	Middle Name MAUNG	Last Name KHA	Suffix
b. Address 5059 QUAIL RUN RD, Unit #172	City (no abbreviations) RIVERSIDE	State CA	Zip Code 92507

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

11/9/2016 MAUNG MAUNG KHA

Date Type or Print Name of Person Completing the Form

CEO/MBR MGR

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: []

Attachment to Form LLC-12
STATEMENT OF CALIFORNIA
LIMITED LIABILITY COMPANY - STATEMENT OF INFORMATION

NAME OF LLC: THAN LWIN TRANSPORTATION LLC

FILE NUMBER: 201304610158

Name and Address of Additional Members:

5.1	Tun Than Lwin 115 Alhambra Rd Unit 6, Alhambra, CA 90801
5.2	Chan Tha Htet 1701 College View Dr Apt 6, Monterey Park, CA 91754
5.3	Ye Htet Aung Mission Dr Apt 16, Rosemead, CA 91770
5.4	
5.5	
5.6	
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5.8	
5.9	

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