



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

21-F58444

FILED

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

OCT 25, 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

This Space For Office Use Only

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

ENDLESS SUMMER MARKETING GROUP LLC

2. 12-Digit Secretary of State File Number

202128810332

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

3858 W. Carson Street Ste 220

City (no abbreviations)

Torrance

State

CA

Zip Code

90503

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

3858 W. Carson Street Ste 220

City (no abbreviations)

Torrance

State

CA

Zip Code

90503

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

3858 W. Carson Street Ste 220

City (no abbreviations)

Torrance

State

CA

Zip Code

90503

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

Middle Name

Last Name

Suffix

b. Entity Name - Do not complete Item 5a

Tsunami Capital Group, Inc.

c. Address

3858 W. Carson Street Ste 220

City (no abbreviations)

Torrance

State

CA

Zip Code

90503

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)

Alexander

Middle Name

Last Name

Mecl

Suffix

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

3858 W. Carson Street Ste 220

City (no abbreviations)

Torrance

State

CA

Zip Code

90503

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

Management of Intellectual Property

8. Chief Executive Officer, if elected or appointed

a. First Name

Alexander

Middle Name

Last Name

Mecl

Suffix

b. Address

3858 W. Carson Street Ste 220

City (no abbreviations)

Torrance

State

CA

Zip Code

90503

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

10/25/2021

Date

Alexander Mecl

Type or Print Name of Person Completing the Form

CEO

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
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

21-F58444

A. Limited Liability Company Name

ENDLESS SUMMER MARKETING GROUP LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

202128810332

C. State or Place of Organization (only if formed outside of California)

CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

| | | | |
|--|-------------------------------------|--------------------|-------------------|
| First Name Nancie | Middle Name | Last Name Brown | Suffix |
| Entity Name | | | |
| Address 15550 Calle Real | City (no abbreviations) Gaviota | State CA | Zip Code 93117 |
| First Name Dana | Middle Name | Last Name Brown | Suffix |
| Entity Name | | | |
| Address 3858 W. Carson Street Ste 220 | City (no abbreviations) Torrance | State CA | Zip Code 90503 |
| First Name Wade | Middle Name | Last Name Brown | Suffix |
| Entity Name | | | |
| Address 3858 W. Carson Street Ste 220 | City (no abbreviations) Torrance | State CA | Zip Code 90503 |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |
| First Name | Middle Name | Last Name | Suffix |
| Entity Name | | | |
| Address | City (no abbreviations) | State | Zip Code |