

LLC-12

21-G78196

FILED

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

DEC 31, 2021

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IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

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

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, <u>see instructions</u>.)

DANIELLE VELASQUEZ LLC

2. 12-Digit Secretary of State Entity Number
 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	City (no abbreviations)		Zip Code	
6617 Wellsboro Way	Citrus Heights	eights CA 956		
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code	
6617 Wellsboro Way	Citrus Heights	CA	95621	
c. Street Address of California Office, if Item 4a is not in California Do not list a P.O. Box	City (no abbreviations)	State	Zip Code	
6617 Wellsboro Way	Citrus Heights	CA	95621	

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 additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middle	Name	Last Name		Suffix	
Danielle			Velasquez-Echeverria			
b. Entity Name - Do not complete Item 5a						
c. Address		City (no abbrevi	ations)	State	Zip Code	
7 Wellsboro Way		Citrus Heights		CA	95621	

INDIVIDUA	f L – Complete Items 6a and 6b only. Must incl	ude ag	ent's full name	and Californi	a street a	ddress	
a. California Age	nt's First Name (if agent is not a corporation)	Middle Name Last Na		Last Nam	ast Name		Suffix
Danielle				Velasquez-Ech		rria	
b. Street Address P.O. Box	b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Code	
6617 Wellsboro V	6617 Wellsboro Way		Citrus Heights		CA	95621	
CORPORA	FION – Complete Item 6c only. Only include t	he nam	ne of the registe	red agent Co	rporation).	
c. California Regi	istered Corporate Agent's Name (if agent is a	corpora	ation) – Do not d	omplete Iten	n 6a or 6k)	
7. Type of Bus	siness						
Describe the type	e of business or services of the Limited Liability	y Comp	pany				
Crafter							
8. Chief Execu	utive Officer, if elected or appointed						
a. First Name		Midd	/liddle Name Last N		ime		Suffix
b. Address		1	City (no abbreviations)		State	tate Zip Code	
9. Labor Judg	ment						
	er or Member have an outstanding final jud						71 N.
	ards Enforcement or a court of law, for whi e violation of any wage order or provision of			om is		es L	⊴ No
	I affirm under penalty of perjury that the in by California law to sign.	ntorma	ation herein is	true and coi	rect and	I that I	am
12/31/2021	Danielle Velasquez-Echeverria		Owner				
Date	Type or Print Name		Title	Si	Signature		

6. Service of Process (Must provide either Individual **OR** Corporation.)