

## State of California Secretary of State

STATEMENT OF INFORMATION

(Limited Liability Company)

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

FILED Secretary of State State of California

AUG 1 3 2014

STATE

CA

CITY San Diego

Attorney

TITLE

ZIP CODE

92122

APPROVED BY SECRETARY OF STATE

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM 1. LIMITED LIABILITY COMPANY NAME

Alexia Maria, LLC

9035 January Place

Type of Business

LLC-12 (REV 01/2014)

File Number and State or Place	e of Organization			_	
2. SECRETARY OF STATE FILE NUMBER 201413410125		3.	3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)		
No Change Statement					
	ges to the information contained in formation has been previously filed				ornia Secretary of
If there has been no ch State, check the box and	ange in any of the information contail proceed to Item 15.	ned in	the last Statement of Information	filed with the	California Secretary of
Complete Addresses for the F	ollowing (Do not abbreviate the name	of the	e city. Items 5 and 7 cannot be P.O. I	Boxes)	
5. STREET ADDRESS OF PRINCIPAL OFFICE			ÇITY	STATE	ZIP CODE
1261 Prospect Street, Suite 2			La Jolla, CA		92037
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5			CITY	STATE	ZIP CODE
7. STREET ADDRESS OF CALIFORNIA OFFICE			CITY	STATE	ZIP CODE
1261 Prospect Street, Suite 2			La Jolla	CA ·	92037
Name and Complete Address	of the Chief Executive Officer, If	Any	· · · · · · · · · · · · · · · · · · ·		
8. NAME Alexia Maria Esquer Felix	ADDRESS 1261 Prospect Street, Suite 2		сіту La Jolla, CA	STATE	ZIP CODE <b>92037</b>
Name and Complete Address Address of Each Member (Att	s of Any Manager or Managers, of additional pages, if necessary.)	or if I	None Have Been Appointed or	Elected, Pro	ovide the Name and
9. NAME Alexia Maria Esquer Felix	ADDRESS 1261 Prospect Street, Suite 2		CITY La Jolla, CA	STATE	ZIP CODE 92037
10. NAME	ADDRESS		CITY	STATE	ZIP CODE
11. NAME	ADDRESS		CITY	STATE	ZIP CODE
	If the agent is an individual, the agent magent is a corporation, the agent must had ltem 13 must be left blank.				
12. NAME OF AGENT FOR SERVICE (	OF PROCESS				

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Patrick M. Pace

Designing and selling women's clothing