

**STATE OF CALIFORNIA** 

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

## BA20250403132

For Office Use Only



File No.: BA20250403132 

1500 11th Street Sacramento, Californi (916) 657-5448	ia 95814	Date Filed: 2/26/2025	
Entity Details			
Limited Liability Company Name	J.LEWIS FAMILY SERV	/ICES LLC	
Entity No.	202565919535		
Formed In	CALIFORNIA		
Street Address of Principal Office of LLC			
Principal Address	3527 EUCALYPTUS AV RIVERSIDE, CA 92507		
Mailing Address of LLC			
Mailing Address	3527 EUCALYPTUS AV RIVERSIDE, CA 92507		
Attention			
Street Address of California Office of LLC Street Address of California Office	None		
Manager(s) or Member(s)			
Manager or Member N	Name Manac	ger or Member Address	
+ JONICA LEWIS	3527 EUCALYPTUS AV		
	RIVERSIDE, CA 92507-		
Agent for Service of Process			
Agent Name	JONICA LEWIS	-	
Agent Address	3527 EUCALYPTUS AV RIVERSIDE, CA 92507		
Type of Business			
Type of Business	ANY AND ALL BUSINE	SS SERVICE	
Email Notifications			
Opt-in Email Notifications	Yes, I opt-in to receive e	Yes, I opt-in to receive entity notifications via email.	
Chief Executive Officer (CEO)			
CEO Name	C	EO Address	
	None Entered		
Labor Judgment			
outstanding final judgment issued by	defined by California Corporations Code section y the Division of Labor Standards Enforcement of any wage order or provision of the Labor Code	or a court of law, for which no	
Electronic Signature			
By signing, I affirm under penalty California law to sign.	of perjury that the information herein is true and co	prrect and that I am authorized by	
JONICA LEWIS	02/26/2025		
Signature	Date		