



# State of California Secretary of State

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## STATEMENT OF INFORMATION (Limited Liability Company)

**83**  
*JD*

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

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM****FILED**  
Secretary of State  
State of California  
NOV 30 2015*21/20/PC*  
This Space For Filing Use Only**1. LIMITED LIABILITY COMPANY NAME**

Kababbq. LLC

**File Number and State or Place of Organization****2. SECRETARY OF STATE FILE NUMBER**

201427610153

**3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)**

CA

**No Change Statement****4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.**☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)**5. STREET ADDRESS OF PRINCIPAL OFFICE**

555 Francisco Blvd. E. #101

**CITY**

San Rafael

**STATE**

CA

**ZIP CODE**

94901

**6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5**

I/C of Samira Nikaein 111 North Market Street #300

**CITY**

San Jose

**STATE**

CA

**ZIP CODE**

95113

**7. STREET ADDRESS OF CALIFORNIA OFFICE**

Same as #5

**CITY****STATE**

CA

**ZIP CODE****Name and Complete Address of the Chief Executive Officer, If Any****8. NAME**

Ali Mobasser

**ADDRESS**

14 Sharmar Court

**CITY**

Alamo

**STATE**

CA

**ZIP CODE**

94507

**Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member** (Attach additional pages, if necessary.)**9. NAME**

Ali Mobasser

**ADDRESS**

14 Sharmar Court

**CITY**

Alamo

**STATE**

CA

**ZIP CODE**

94507

**10. NAME****ADDRESS****CITY****STATE****ZIP CODE****11. NAME****ADDRESS****CITY****STATE****ZIP CODE****Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.**12. NAME OF AGENT FOR SERVICE OF PROCESS**

Samira Nikaein

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

111 North Market Street, # 300

**CITY**

San Jose

**STATE**

CA

**ZIP CODE**

95113

**Type of Business****14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY**

Resturant and Cafe

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

11/22/15

DATE

Ali Mobasser

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Owner

TITLE

*Ali Mobasser*  
SIGNATURE