



BA20250356887



## STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 For Office Use Only

-FILED-

File No.: BA20250356887 Date Filed: 2/20/2025

**Entity Details** Corporation Name **LULU GOONG MOVING INC** Entity No. 6591224 Formed In **CALIFORNIA** Street Address of Principal Office of Corporation **Principal Address** 160 S VIRGIL AVE **APT 201** LOS ANGELES, CA 90004 Mailing Address of Corporation Mailing Address 160 S VIRGIL AVE APT 201 LOS ANGELES, CA 90004 Attention

Street Address of California Office of Corporation

Street Address of California Office 160 S VIRGIL AVE

APT 201

LOS ANGELES, CA 90004

Officers

| Officer Name | Officer Address                                      | Position(s)   |  |
|--------------|--|---|--|
| + XIANGLI LU | 160 S VIRGIL AVE<br>APT 201<br>LOS ANGELES, CA 90004 | Chief Executive Officer, Chief Financial Officer, Secretary |  |

## Additional Officers

| Officer Name | Officer Address | Position | Stated Position |  |
|--------------|-----------------|----------|-----------------|--|
| None Entered |                 |          |                 |  |

## Directors

| Director Name | Director Address                                     |
|---------------|--|
| + XIANGLI LU  | 160 S VIRGIL AVE<br>APT 201<br>LOS ANGELES, CA 90004 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name XIANGLI LU
Agent Address 160 S VIRGIL AVE

ADT 201

APT 201

LOS ANGELES, CA 90004

Type of Business

Type of Business RESIDENTIAL MOVING COMPANY

**Email Notifications** 

Opt-in Email Notifications Yes, I opt-in to receive entity notifications via email.

Labor Judgment

| No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code. |            |  |  |  |  |
|---|------------|--|--|--|--|
| Electronic Signature  |            |  |  |  |  |
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.  |            |  |  |  |  |
| SIANGLI LU  | 02/20/2025 |  |  |  |  |
| Signature   | Date       |  |  |  |  |
|   |            |  |  |  |  |