



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

18-D44390

FILED

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

OCT 14, 2018

IMPORTANT — [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

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1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

JAUREGUI NURSERY, LLC

2. 12-Digit Secretary of State File Number
 200518910011

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

551 ALONDRA BLVD

City (no abbreviations)

GARDENA

State

CA

Zip Code

90248

b. Mailing Address of LLC, if different than item 4a

4185 PASEO DE ORO

City (no abbreviations)

CYPRESS

State

CA

Zip Code

90630

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

551 ALONDRA BLVD

City (no abbreviations)

GARDENA

State

CA

Zip Code

90248

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 entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b

FILIBERTO

Middle Name

Last Name

JAUREGUI

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

4185 PASEO DE ORO

City (no abbreviations)

CYPRESS

State

CA

Zip Code

90630

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

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is **not** a corporation)

FILIBERTO

Middle Name

Last Name

JAUREGUI

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

4185 PASEO DE ORO

City (no abbreviations)

CYPRESS

State

CA

Zip Code

90630

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

NURSERY (TREE GROWERS)

8. Chief Executive Officer, if elected or appointed

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

9. The Information contained herein, including any attachments, is true and correct.

10/14/2018

Date

CARMELO DELIZ carmelodeliz@att.net

Type or Print Name of Person Completing the Form

deliz & associates

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

18-D44390

A. Limited Liability Company Name

JAUREGUI NURSERY, LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

200518910011

C. State or Place of Organization (only if formed outside of California)

CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name FRANCISCO	Middle Name	Last Name JAUREGUI	Suffix
Entity Name			
Address 6554 IANITA ST.	City (no abbreviations) LAKEWOOD	State CA	Zip Code 91713
First Name JESUS	Middle Name	Last Name JAUREGUI	Suffix
Entity Name			
Address 4750 DUNROBIN ST.	City (no abbreviations) LAKEWOOD	State CA	Zip Code 90713
First Name DARIO	Middle Name	Last Name JAUREGUI LOPEZ	Suffix
Entity Name			
Address 1466 TURMONT AVE.	City (no abbreviations) CARSON	State CA	Zip Code 90746
First Name JOSE	Middle Name A	Last Name JAUREGUI	Suffix
Entity Name			
Address 4185 PASEO DE ORO	City (no abbreviations) CYPRESS	State CA	Zip Code 90630
First Name MIGUEL	Middle Name	Last Name JAUREGUI	Suffix
Entity Name			
Address 4185 PASEO DE ORO	City (no abbreviations) CYPRESS	State CA	Zip Code 90630
First Name MANUEL	Middle Name	Last Name JAUREGUI	Suffix
Entity Name			
Address 4185 PASEO DE ORO	City (no abbreviations) CYPRESS	State CA	Zip Code 90630
First Name ANTONIO	Middle Name L	Last Name JAUREGUI	Suffix
Entity Name			
Address 7581 MARK CIR	City (no abbreviations) LA PALMA	State CA	Zip Code 90623