



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

**22-A49513**

**FILED**

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

**JAN 26, 2022**

This Space For Office Use Only

**IMPORTANT** — This form can be filed online at  
[bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).

[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

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

ECLIPSE FIREARMS AND TRAINING, LLC

**2. 12-Digit Secretary of State Entity Number**

201703210268

**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 745 West Pacheco Blvd., Suite 2	City (no abbreviations) Los Banos	State CA	Zip Code 93635
b. Mailing Address of LLC, if different than item 4a 745 West Pacheco Blvd., Suite 2	City (no abbreviations) Los Banos	State CA	Zip Code 93635
c. Street Address of <b>California</b> Office, if Item 4a is not in California Do not list a P.O. Box 745 West Pacheco Blvd., Suite 2	City (no abbreviations) Los Banos	State <b>CA</b>	Zip Code 93635

**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 additional managers/members, enter the names(s) and address(es) on [Form LLC-12A](#).

a. First Name, if an individual - Do not complete Item 5b Sunny	Middle Name	Last Name Le	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 745 West Pacheco Blvd., Suite 2	City (no abbreviations) Los Banos	State CA	Zip Code 93635

**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 <b>not</b> a corporation) Shawn	Middle Name M	Last Name George	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 1009 6th Street	City (no abbreviations) Los Banos	State <b>CA</b>	Zip Code 93635

**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
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**7. Type of Business**

Describe the type of business or services of the Limited Liability Company firearm sales and training
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**8. Chief Executive Officer, if elected or appointed**

a. First Name Sunny	Middle Name	Last Name Le	Suffix
b. Address 745 West Pacheco Blvd., Suite 2	City (no abbreviations) Los Banos	State CA	Zip Code 93635

**9. Labor Judgment**

Does a Manager or Member have 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**10.** By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

01/26/2022

Date

Sunny Le

Type or Print Name

Managing Member

Title

Signature