



State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

139**N**

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**MAR 13 2015**

1. LIMITED LIABILITY COMPANY NAME
15891 OAK TREE CROSSING, LLC

21/20/PC

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
201106210225

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

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 CITY STATE ZIP CODE
13529 LA SIERRA DR CHINO HILLS CA 91709

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 CITY STATE ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE CITY STATE ZIP CODE
13529 LA SIERRA DR CHINO HILLS CA 91709

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME ADDRESS CITY STATE ZIP CODE
MICHAEL KAISER 13529 LA SIERRA DR CHINO HILLS, CA 91709

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 ADDRESS CITY STATE ZIP CODE
MICHAEL KAISER 13529 LA SIERRA DR CHINO HILLS, CA 91709

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
MICHAEL KAISER

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
13920 CITY CENTER DR STE 290 CHINO HILLS CA 91709

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
RESIDENTIAL REAL ESTATE

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

3-9-15
DATE**MICHAEL KAISER**
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM**Managing Member**
TITLE

SIGNATURE