



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

**LLC-12**

21-A09739

**FILED**

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

JAN 06, 2021

**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

**This Space For Office Use Only**

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

GERMAN LLC

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

202036610229

**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 274 NORTHGATE ONE	City (no abbreviations) SAN RAFAEL	State CA	Zip Code 94903
b. Mailing Address of LLC, if different than item 4a 274 NORTHGATE ONE	City (no abbreviations) SAN RAFAEL	State CA	Zip Code 94903
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 274 NORTHGATE ONE	City (no abbreviations) SAN RAFAEL	State CA	Zip Code 94903

**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 GURPREET	Middle Name	Last Name SINGH	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1601 CALIFORNIA ST	City (no abbreviations) BERKELEY	State CA	Zip Code 94703

**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) VARINDER	Middle Name P	Last Name SINGH	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 1700 SHATTUCK AVE, STE 103	City (no abbreviations) BERKELEY	State CA	Zip Code 94709

**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**

a. Describe the type of business or services of the Limited Liability Company RETAIL
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**8. Chief Executive Officer, if elected or appointed**

a. First Name GURPREET	Middle Name	Last Name SINGH	Suffix
b. Address 1601 CALIFORNIA ST	City (no abbreviations) BERKELEY	State CA	Zip Code 94703

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

01/06/2021

Date

GURPREET SINGH

Type or Print Name of Person Completing the Form

CEO

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: [ ]



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CALIFORNIA

[illegible]