



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

**LLC-12**

**22-A40496**

**FILED**

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

**JAN 22, 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](#).)

VISIONARY LABOR COMPANY LLC

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

202120110814

**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	City (no abbreviations)	State	Zip Code
12700 ELLIOTT AVE SPACE 345	EL MONTE	CA	91732
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
12700 ELLIOTT AVE SPACE 345	EL MONTE	CA	91732
c. Street Address of <b>California</b> Office, if Item 4a is not in California Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
12700 ELLIOTT AVE SPACE 345	EL MONTE	<b>CA</b>	91732

**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	Middle Name	Last Name	Suffix
JESUS		MUNOZ	JR
b. Entity Name - Do not complete Item 5a			
c. Address	City (no abbreviations)	State	Zip Code
12700 ELLIOTT AVE SPACE 345	EL MONTE	CA	91732

**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) JESUS	Middle Name	Last Name MUNOZ	Suffix JR
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 12700 ELLIOTT AVE SPACE 345	City (no abbreviations) EL MONTE	State <b>CA</b>	Zip Code 91732

**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 LABOR COMPANY
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**8. Chief Executive Officer, if elected or appointed**

a. First Name JESUS	Middle Name	Last Name MUNOZ	Suffix
b. Address 12700 ELLIOTT AVE SPACE 345	City (no abbreviations) EL MONTE	State CA	Zip Code 91732

**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.

01/22/2022

Date

JESUS MUNOZ JR

Type or Print Name

PARTNER

Title

Signature