

**STATE OF CALIFORNIA** 

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

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BA20250049383

For Office Use Only



File No.: BA20250049383 Date Filed: 1/7/2025

CALIFORNIA	1500 11th Street Sacramento, California 95814 (916) 657-5448			Date Filed: 1/7/2025
Entity Details				
Limited Liability Company Name			Total Compensation Systems, LLC	
Entity No.			202565116980	
Formed In			CALIFORNIA	
Street Address of Princ	ipal Office of LLC			
Principal Address			5655 LINDERO CYN RD, SUITE 223 WESTLAKE VILLAGE, CA 91362	
Mailing Address of LLC				
Mailing Address			5655 LINDERO CYN RD, SUITE 223 WESTLAKE VILLAGE, CA 91362	
Attention				
Street Address of Califo				
Street Address of	f California Office		None	
Manager(s) or Member	(s)			
	Manager or Member Name		Manager or M	lember Address
+ Geoffrey Kis	chuk		5655 LINDERO CANYON RE STE 223 WESTLAKE VILLAGE, CA 91	
+ Antonia Nob	le Ludwig		5655 LINDERO CANYON RE STE 223 WESTLAKE VILLAGE, CA 91	
Agent for Service of Pro	22930			
Agent Name			Carl D Hasting	
Agent Address			5655 LINDERO CYN RD	
C			STE 226	
			WESTLAKE VILLAGE, CA 9	1362
Type of Business Type of Business			Software Services	
Email Notifications				
Opt-in Email Noti	fications		No, I do NOT want to receive prefer notifications by USPS	entity notifications via email. I mail.
Chief Executive Officer	(CEO)			
	CEO Name		CEO Ad	dress
		None I	Entered	
Labara Tualan				
	Member, as further defined by Calif		•	
ouisianding tina	l judgment issued by the Division of	I Labor S	stanuarus Enforcement or a c	ourt of law. for which ho

appeal is pending, for the violation of any wage order or provision of the Labor Code.

Electronic Signature					
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.					
Carl D. Hasting, Attorney	01/07/2025				
Signature	Date				