



Secretary of State
Statement of Information
(Limited Liability Company)

8

LLC-12

16-779660

FILED

Secretary of State
State of California

OCT 24 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees – Face Page \$1.00 & .50 for each attachment page;
Certification Fee - \$5.00

**See Secretary of State's
records for exact entity name.**

This Space For Office Use Only

1. **Limited Liability Company Name**
PREMIER CONCIERGE HEALTCARE, LLC

2. **12-Digit Secretary of State File Number**
201628110099

3. **State or Place of Organization** (only if formed outside of California)

4. Business Addresses

a. **Street Address of Principal Office** - Do not list a P.O. Box

City (no abbreviations)

State

Zip Code

2529 FOOTHILL BLVD.

LA CRESCENTA

CA

91214

b. **Mailing Address of LLC**, if different than Item 4a

City (no abbreviations)

State

Zip Code

c. **Street Address of California Office**, if Item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

State

Zip Code

CA

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

Middle Name

Last Name

Suffix

NARINE

AVAGYAN

b. **Entity Name** - Do not complete item 5a

c. **Address**

City (no abbreviations)

State

Zip Code

2529 FOOTHILL BLVD.

LA CRESCENTA

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6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. **California Agent's First Name** (if agent is not a corporation)

Middle Name

Last Name

Suffix

NARINE

AVAGYAN

b. **Street Address** (if agent is not a corporation) - Do not list a P.O. Box

City (no abbreviations)

State

Zip Code

2529 FOOTHILL BLVD.

LA CRESCENTA

CA

91214

c. **California Registered Corporate Agent's Name** (if agent is a corporation) - Do not complete item 6a or 6b

7. Type of Business

a. **Describe the type of business or services of the Limited Liability Company**

HOSPICE CARE

8. Chief Executive Officer, if elected or appointed

a. **First Name**

Middle Name

Last Name

Suffix

b. **Address**

City (no abbreviations)

State

Zip Code

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

Date

10/17/16
NARINE AVAGYAN

Type or Print Name of Person Completing the Form

MANAGER

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: []