

LLC-12

21-D53011

FILED

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

JUL 13, 2021

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

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202116111051 CALIFORNIA 4. Business Addresses a. Street Address of Principal Office - Do not list a P.O. Box 9478 W Olympic Blvd. #300 City (no Bevert	Country or Place of abbreviations)		outsi	de of C	-1:5				
2. 12-Digit Secretary of State File Number 202116111051 4. Business Addresses a. Street Address of Principal Office - Do not list a P.O. Box 9478 W Olympic Blvd. #300 3. State, Foreign CALIFORNIA City (no Beverl	abbreviations)	Organization (only if formed	outsi	de of C	-115				
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4. Business Addresses a. Street Address of Principal Office - Do not list a P.O. Box 9478 W Olympic Blvd. #300 City (no Beverl	,				Foreign Country or Place of Organization (only if formed outside of California				
a. Street Address of Principal Office - Do not list a P.O. Box 9478 W Olympic Blvd. #300 City (no	,		DRNIA						
9478 W Olympic Blvd. #300 Beverl	,								
, ,	y Hills	Sta		Zip Co					
h Mailing Address of LLC if different than item 4a		C/		9021					
9478 W Olympic Blvd. #300 Beverl	abbreviations) y Hills	State CA		Zip Co 9021					
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box City (no	abbreviations)	Star	_	Zip Co	de				
9478 W Olympic Blvd. #300 Bever	ly Hills	CA	١.	902	12				
5. Manager(s) or Member(s) If no managers have been appointed or elected, provid must be listed. If the manager/member is an individual, an entity, complete Items 5b and 5c (leave Item 5a blank has additional managers/members, enter the name(s) an	complete Items 5a and 5 c). Note: The LLC canno	c (leave Item 5b blank). If the ot serve as its own manager or	mana	ager/m	ember				
a. First Name, if an individual - Do not complete Item 5b Melissa Middle 1		Last Name leuhoff			Suffi				
b. Entity Name - Do not complete Item 5a				I					
	City (no abbreviations) Beverly Hills			Zip Co					
9478 W Olympic Blvd. #300 Bever 6. Service of Process (Must provide either Individual OR Corporation.)	TIY HIIIS	CA	, ;	9021	2				
INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and Californ	nia etraat addraee								
a. California Agent's First Name (if agent is not a corporation) Middle 1		Last Name			Suffi				
Melissa		Neuhoff			Odili				
	abbreviations) Iy Hills	Star CA		Zip Co 902					
CORPORATION – Complete Item 6c only. Only include the name of the registered agent C	Corporation.	1							
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a o	r 6b								
7. Type of Business									
a. Describe the type of business or services of the Limited Liability Company Real Estate									
8. Chief Executive Officer, if elected or appointed					-				
a. First Name Middle 1	Name	Last Name			Suffi				
b. Address City (no	abbreviations)	Stat	е	Zip Co	de				
9. The Information contained herein, including any attachments, is true and co	prrect.								
07/13/2021 Melissa Neuhoff	Manager								
Date Type or Print Name of Person Completing the Form		Signature							
Return Address (Optional) (For communication from the Secretary of State related to this derson or company and the mailing address. This information will become public when filed. SEE	locument, or if purchasin	g a copy of the filed document	enter	the n	ame of				
lame:	7	- J <u></u> 0.,							
Company:	-								
ndquess.									

City/State/Zip: