

STATE OF CALIFORNIA

Office of the Secretary of State

STATEMENT OF INFORMATION LIMITED LIABILITY COMPANY

BA20241892974

For Office Use Only



File No.: BA20241892974

| ALFORN | California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 | | | File No.: BA20241892974 Date Filed: 10/24/2024 |
|--------------------------------------|---|-------------------------------|---|---|
| | | | | |
| Entity Details | | | | |
| Limited Liability Company Name | | TRIA REPAIR SERVICE LLC | | |
| Entity No. | | 202464316553 | | |
| Formed In | | CALIFORNIA | | |
| Street Address of Princ | - | | | |
| Principal Address | | 5331 CORTEEN PLACE APT 211 | | |
| | | | VALLEY VILLAGE, CA 91607 | 7 |
| Mailing Address of LLC | 2 | | | |
| Mailing Address | | | 5331 CORTEEN PLACE | |
| | | | APT 211 | |
| A 4 4 4 4 4 4 4 4 | | | VALLEY VILLAGE, CA 91607 | / |
| Attention | | | | |
| Street Address of Calif | | | | |
| Street Address o | of California Office | | None | |
| Manager(s) or Member | r(s) | | 1 | |
| Manager or Member Name | | Manager or Member Address | | |
| + ASLAN ZUBAIROV | | 5331 CORTEEN PLACE | | |
| | | | APT 211 VALLEY VILLAGE, CA 91607 | |
| | | | | |
| Agent for Service of Pr | ocess | | | |
| Agent Name | | | ASLAN ZUBAIROV | |
| Agent Address | | 5331 CORTEEN PLACE | | |
| | | | APT 211 VALLEY VILLAGE, CA 91607 | 7 |
| | | | VALLET VILLAGE, CA 91007 | |
| Type of Business Type of Business | | | APPLIANCE REPAIR | |
| | 5 | | | |
| Email Notifications | ifications | | No. I do NOT wont to reasive | |
| Opt-in Email Notifications | | | No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail. | |
| Chief Executive Officer | (CEO) | | · · · | |
| | CEO Name | | CEO Add | dress |
| | | Nono | Entered | |
| | | NUTE | LINEIEU | |
| Labor Judgment | | | | |
| 5 | Member, as further defined by Califo | rnia Co | rporations Code section 1770 | 2.09(a)(8), has an |
| outstanding fina | I judgment issued by the Division of | Labor S | Standards Enforcement or a co | |
| appeal is pendir | ng, for the violation of any wage orde | r or pro | vision 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. | | | | | |
| ASLAN ZUBAIROV | 10/24/2024 | | | | |
| Signature | Date | | | | |
| | | | | | |
| | | | | | |