



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

21-G27576

FILED

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

NOV 30, 2021

IMPORTANT — [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

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1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

REPPIFY LLC

2. 12-Digit Secretary of State File Number

200933410069

3. State, Foreign Country or Place of Organization (only if formed outside of California)

DELAWARE

4. Business Addresses

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

92 Corporate Park Ste C710

City (no abbreviations)

Irvine

State

CA

Zip Code

92606

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

92 Corporate Park Ste C710

City (no abbreviations)

Irvine

State

CA

Zip Code

92606

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

92 Corporate Park Ste C710

City (no abbreviations)

Irvine

State

CA

Zip Code

92606

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

Ashok

Middle Name

Last Name

Nangia

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

10 Del Trevi

City (no abbreviations)

Irvine

State

CA

Zip Code

92606

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 **not** a corporation)

Ashish

Middle Name

Last Name

Modh

Suffix

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

15925 Carmenita Road

City (no abbreviations)

Cerritos

State

CA

Zip Code

90703

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

7. Type of Business

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

Internet Service

8. Chief Executive Officer, if elected or appointed

a. First Name

Chirag

Middle Name

Last Name

Nangia

Suffix

b. Address

10 Del Trevi

City (no abbreviations)

Irvine

State

CA

Zip Code

92606

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

11/30/2021

Date

Ashish Modh

Type or Print Name of Person Completing the Form

Preparer

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: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

21-G27576

A. Limited Liability Company Name

REPPIFY LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

200933410069

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

DELAWARE

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Chirag	Middle Name	Last Name Nangia	Suffix
Entity Name			
Address 10 Del Trevi	City (no abbreviations) Irvine	State CA	Zip Code 92606
First Name Gool	Middle Name	Last Name Thakarar	Suffix
Entity Name			
Address 2 Fenbrook Drive	City (no abbreviations) Larchmount	State NY	Zip Code 10538
First Name	Middle Name	Last Name	Suffix
Entity Name Nihal Group HK Limited			
Address 8/F Shum Tower, 268 Des Voeux Road C	City (no abbreviations) Hong Kong, Hong Kong	State	Zip Code 00000
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code