



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

SEP 18 2015

1. LIMITED LIABILITY COMPANY NAME

American Made Shutters LLC
8000 Woodley Ave
Van Nuys, CA 91406

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 201030910261

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
Delaware

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

| | CITY | STATE | ZIP CODE |
|---|--------------|-------|----------|
| 5. STREET ADDRESS OF PRINCIPAL OFFICE 16001 Strathern Ave | Van Nuys, CA | | 91406 |
| 6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 8000 Woodley Ave | Van Nuys, CA | | 91406 |
| 7. STREET ADDRESS OF CALIFORNIA OFFICE 8000 Woodley Ave | Van Nuys | CA | 91406 |

Name and Complete Address of the Chief Executive Officer, If Any

| 8. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------------|------------------------|--------------|-------|----------|
| Mark Baraghian | 16001 Strathern Street | Van Nuys, CA | | 91406 |

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

| 9. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|------------------|------------------------|--------------|-------|----------|
| James Tortorelli | 16001 Strathern Street | Van Nuys, CA | | 91406 |

| 10. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------|---------|------|-------|----------|
|----------|---------|------|-------|----------|

| 11. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------|---------|------|-------|----------|
|----------|---------|------|-------|----------|

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
David Acocello

| 13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE |
|--|----------|-------|----------|
| 16001 Strathern Street | Van Nuys | CA | 91406 |

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Wholesale Manufacturer

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

09-09-15 Mark Baraghian CEO

DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE

SIGNATURE