

21-412164



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

121

FILED
 Secretary of State
 State of California

NOV 15 2021

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IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.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

1. **Limited Liability Company Name** (Enter the **exact** name of the LLC. If you registered in California using an alternate name, see instructions.)**LIVERMORE INDUSTRIAL PARTNERS 40 LLC**2. **12-Digit Secretary of State Entity (File) Number**

2 0 2 1 2 0 9 1 0 2 8 2

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

19700 S. VERMONT AVE., SUITE 101

City (no abbreviations)

TORRANCE

State

CA

Zip Code

90502

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

CA

Zip Code

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 address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b

TIMUR

Middle Name

Last Name

TECIMER

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

19700 S. VERMONT AVE., SUITE 101

City (no abbreviations)

TORRANCE

State

CA

Zip Code

90502**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)

TIMUR

Middle Name

Last Name

TECIMER

Suffix

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

19700 S. VERMONT AVE., SUITE 101

City (no abbreviations)

TORRANCE

State

CA

Zip Code

90502**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

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

REAL ESTATE DEVELOPMENT**8. Chief Executive Officer, if elected or appointed**

a. First Name

N/A

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

9. 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.

11/9/21

Date

JIM MIDDLEMAS

Type or Print Name of Person Completing the Form

TREASURER

Title

Signature