



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

22-A82145

FILED

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

FEB 04, 2022

This Space For Office Use Only

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](#).)

HD DISTRIBUTION LLC

2. 12-Digit Secretary of State Entity Number

202118910091

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

CALIFORNIA

4. Business Addresses

| a. Street Address of Principal Office - Do not list a P.O. Box | City (no abbreviations) | State | Zip Code |
|--|-------------------------|-----------|----------|
| 12751 Millennium Drive Apt # 105 | Playa Vista | CA | 90094 |
| b. Mailing Address of LLC, if different than item 4a | City (no abbreviations) | State | Zip Code |
| 12751 Millennium Drive Apt # 105 | Playa Vista | CA | 90094 |
| c. Street Address of California Office, if Item 4a is not in California Do not list a P.O. Box | City (no abbreviations) | State | Zip Code |
| 12751 Millennium Drive Apt # 105 | Playa Vista | CA | 90094 |

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 additional managers/members, enter the names(s) and address(es) on [Form LLC-12A](#).

| a. First Name, if an individual - Do not complete Item 5b | Middle Name | Last Name | Suffix |
|---|-------------------------|------------|----------|
| Oleg | | Shlyakhter | Oleg |
| b. Entity Name - Do not complete Item 5a | | | |
| c. Address | City (no abbreviations) | State | Zip Code |
| 12751 Millennium Drive Apt # 105 | Playa Vista | CA | 90094 |

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) Oleg | Middle Name | Last Name Shlyakhter | Suffix Oleg |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 12751 Millennium Drive Apt # 105 | City (no abbreviations) Playa Vista | State CA | Zip Code 90094 |

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 Merchandise |
|---|

8. Chief Executive Officer, if elected or appointed

| | | | |
|---------------|-------------------------|-----------|----------|
| a. First Name | Middle Name | Last Name | Suffix |
| b. Address | City (no abbreviations) | State | Zip Code |

9. Labor Judgment

| | |
|--|---|
| Does a Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

10. 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.

02/04/2022

Date

Oleg Shlyakhter Oleg Shlyakhter

Type or Print Name

Founder

Title

Signature