Secretary of State Statement of Information (Limited Liability Company)		LLC-12	21-D83		3411	
			FILED			
IMPORTANT — Read instructions before completing this form.			In the office of the Secretary of State of the State of California			
Filing Fee – \$20.00			1111 20 2021			
Copy Fees – First page \$1.00; each attachment page \$0		JUL 29, 2021				
Certification Fee - \$5.00 plus copy fees		This Space For Office Use Only				
1. Limited Liability Company Name (Enter the exact name of the	LLC. If you	registered in Califor			Jilly	
NOO-PEP LLC						
2. 12-Digit Secretary of State File Number		Foreign Country or Place of Organization (only if formed outside of California)				
202120910155	CALIF	FORNIA				
4. Business Addresses		T				
a. Street Address of Principal Office - Do not list a P.O. Box 1395 Hidden Ranch Dr		City (no abbreviations) Simi Valley		State CA	Zip Co 9306	
b. Mailing Address of LLC, if different than item 4a		City (no abbreviations)		State	Zip Code	
395 Hidden Ranch Dr 5. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box		Simi Valley City (no abbreviations)		CA State	93063 Zip Code	
1395 Hidden Ranch Dr	,		Simi Valley		93063	
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 5b 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 John		Middle Name Spencer	Last Name Flynn			Suffix
b. Entity Name - Do not complete Item 5a						
c. Address 1395 Hidden Ranch Dr					State Zip Code CA 93063	
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) Middle Name Last Name Suffix						
John		Spencer Flynn				
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 1395 Hidden Ranch Dr		City (no abbreviations) Simi Valley		State CA	Zip Co 930	
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) – D	o not complet	e Item 6a or 6b				
7. Type of Business a. Describe the type of business or services of the Limited Liability Company						
Energy Drink						
8. Chief Executive Officer, if elected or appointed		Middle Name	L act Name			Cuffix
a. First Name John		Middle Name Spencer	Last Name Flynn	Suffix		
^{b. Address} 1395 Hidden Ranch Dr		City (no abbreviat Simi Valley	ions)	StateZip CodeCA93063		
9. The Information contained herein, including any attachm	nents, is tru	e and correct.				
07/29/2021 John Spencer Flynn	2021 John Spencer Flynn Owner/CEO					
Date Type or Print Name of Person Completing th	he Form	<u>-</u>	Title Signature			
Return Address (Optional) (For communication from the Secretary or person or company and the mailing address. This information will become p				ment ent	ter the n	ame of a
Name:						
		I				
Company:						
Address:						
City/State/Zip:		L				