



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

21-F90316

FILED

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

NOV 08, 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

This Space For Office Use Only

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

SJS BUSINESS CONSULTANTS LLC

2. 12-Digit Secretary of State File Number

202119410025

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 6038 Dunrobin Ave | City (no abbreviations) Lakewood | State CA | Zip Code 90713 |
| b. Mailing Address of LLC, if different than item 4a 6038 Dunrobin Ave | City (no abbreviations) Lakewood | State CA | Zip Code 90713 |
| c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 6038 Dunrobin Ave | City (no abbreviations) Lakewood | State CA | Zip Code 90713 |

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 Bruce | Middle Name B | Last Name Sims | Suffix |
| b. Entity Name - Do not complete Item 5a | | | |
| c. Address 6038 Dunrobin Ave | City (no abbreviations) Lakewood | State CA | Zip Code 90713 |

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) Bruce | Middle Name B | Last Name Sims | Suffix |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 6038 Dunrobin Ave | City (no abbreviations) Lakewood | State CA | Zip Code 90713 |

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

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|---|
| 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 Business Consulting |
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8. Chief Executive Officer, if elected or appointed

| | | | |
|---------------------------------|-------------------------------------|-------------------|-------------------|
| a. First Name Bruce | Middle Name B | Last Name Sims | Suffix |
| b. Address 6038 Dunrobin Ave | City (no abbreviations) Lakewood | State CA | Zip Code 90713 |

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

11/08/2021

Date

Bruce B Sims

Type or Print Name of Person Completing the Form

CEO

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: []