

21-409057



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

LLC-12

148

**FILED**  
 Secretary of State  
 State of California

AUG 10 2021

**IMPORTANT — This form can be filed online at [bizfile.sos.ca.gov](http://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

*Above 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.)

**1126 MAGNOLIA LLC**

**2. 12-Digit Secretary of State Entity (File) Number**

2 0 2 1 1 6 1 1 1 2 5 3

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

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box <b>9349 KIRKSIDE ROAD</b>	City (no abbreviations) <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90035</b>
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 <b>CA</b>	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 <b>SEPIDEH</b>	Middle Name	Last Name <b>MORIM</b>	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address <b>9349 KIRKSIDE ROAD</b>	City (no abbreviations) <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90035</b>

**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) <b>SEPIDEH</b>	Middle Name	Last Name <b>MORIM</b>	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box <b>9349 KIRKSIDE ROAD</b>	City (no abbreviations) <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90035</b>

**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
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**7. Type of Business**

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

**REAL ESTATE**

**8. Chief Executive Officer, if elected or appointed**

a. First Name <b>SEPIDEH</b>	Middle Name	Last Name <b>MORIM</b>	Suffix
b. Address <b>9349 KIRKSIDE ROAD</b>	City (no abbreviations) <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90035</b>

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.

06/18/20

Date

SEPIDEH MORIM

Type or Print Name of Person Completing the Form

owner

Title

Signature