



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

NOV 04 2013

1. LIMITED LIABILITY COMPANY NAME

San Marco International, LLC.

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER

201324810141

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY

STATE ZIP CODE

22 Michelangelo

Aliso Viejo

CA 92656

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

CITY

STATE ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE

CITY

STATE ZIP CODE

22 Michelangelo

Aliso Viejo

CA 92656

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME

ADDRESS

CITY

STATE

ZIP CODE

CHUN WAH MARCO LEE

22 Michelangelo

Aliso Viejo

CA 92656

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME

ADDRESS

CITY

STATE

ZIP CODE

CHUN WAH MARCO LEE 22 Michelangelo

Aliso Viejo

CA 92656

10. NAME

ADDRESS

CITY

STATE

ZIP CODE

11. NAME

ADDRESS

CITY

STATE

ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS

CHUN WAH MARCO LEE

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

22 Michelangelo

Aliso Viejo

CA 92656

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Holding Company

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

10/04/2013
DATE

CHUN WAH MARCO LEE
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

CEO/President
TITLE

SIGNATURE