16-350856

FILED
Secretary of State
State of California

DEC 08 2016

Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

IMPORTANT — Read instructions before completing this form.

Filing Fee - $20.00

Copy Fees – Face Page $1.00 & .50 for each attachment page;
Certification Fee - $5.00

26/20/CC

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1. Limited Liability Company Name
Hajo Roasts, LLC

2. 12-Digit Secretary of State File Number
201629910057

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

4. Business Addresses

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Office - Do not list a P.O. Box 299 Old County Road, Suite 15	San Carlos	CA	94070
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 CA	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 addresses on Form LLC-12A (see instructions).

First Name	Middle Name	Last Name	Suffix
a. Hans-Jorg		Knoll	
b. Entity Name - Do not complete item 5a			
c. Address: 985 El Cajon Way	City (no abbreviations): Palo Alto	State: CA	Zip Code: 94303

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave item 6a-6b blank).

First Name	Middle Name	Last Name	Suffix
a. Hans-Jorg		Knoll	
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 985 El Cajon Way	City (no abbreviations) Palo Alto	State CA	Zip Code 94303
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
Coffee roasting, coffee shop, Wholesale, Retail

8. Chief Executive Officer, if elected or appointed

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

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

Date	Type or Print Name of Person Completing the Form	Title	Signature
12/7/2016	Hans-Jorg Knoll	Sole Member	

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: