

**LLC-12** 

18-A77836

## **FILED**

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

FEB 28, 2018

 $\label{local_local_local_local} \textbf{IMPORTANT} \ -- \ \text{Read instructions before completing this form.}$ 

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 Califor	nia using an alternate name, see instructi	ons.)		
EASY DOC FILING, LLC					
2. 12-Digit Secretary of State File Number 3. St	ate, Foreign Countr	y or Place of Organization (only if fo	rmed out	side of	California
201602810744 CAI	CALIFORNIA				
4. Business Addresses					
a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbrevia		State	Zip Co	
12711 VENTURA BLVD., SUITE 354 b. Mailing Address of LLC, if different than item 4a		STUDIO CITY  City (no abbreviations)		91604 Zip Code	
12711 VENTURA BLVD., SUITE 354	STUDIO CIT	,	State	9160	
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. B	, ,	City (no abbreviations)		Zip Code	
12711 VENTURA BLVD., SUITE 354	STUDIO CIT		CA		
5. Manager(s) or Member(s)  If no managers have been appointed or must be listed. If the manager/member is an entity, complete Items 5b and 5c (leave has additional managers/members, enter the second secon	an individual, complete e Item 5a blank). Note:	Items 5a and 5c (leave Item 5b blank). The LLC cannot serve as its own management of the serve as its own management of t	If the ma	nager/n	nember i
a. First Name, if an individual - Do not complete Item 5b BRETT	Middle Name ANDREW	Last Name SHAPIRO			Suffix
b. Entity Name - Do not complete Item 5a					
c. Address 5304 IRVINE AVE	City (no abbreviat		State CA	Zip Co	
6. Service of Process (Must provide either Individual OR Corporation.)			1	ı	
INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full nar	me and California street	address.			
a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name			Suffix
HEATHER	S.	ORR	01-1-	7:- 0	ESC
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 433 N. CAMDEN DR., SUITE 600	City (no abbrevia		State CA	Zip Co 902	
CORPORATION – Complete Item 6c only. Only include the name of the reg	gistered agent Corporation	on.			
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not cor	nplete Item 6a or 6b				
7. Type of Business					
a. Describe the type of business or services of the Limited Liability Company DOCUMENT FILING SERVICES					
8. Chief Executive Officer, if elected or appointed					
a. First Name	Middle Name	Last Name			Suffix
b. Address	City (no abbrevia	ions)	State	Zip Co	ode
The Information contained herein, including any attachments, is	s true and correct.				
02/28/2018 HEATHER S. ORR ESQ.	ı	Representative			
Date Type or Print Name of Person Completing the Form		Title Signature	9		
Return Address (Optional) (For communication from the Secretary of State rerson or company and the mailing address. This information will become public where the state of the	related to this document	, or if purchasing a copy of the filed docu		ter the n	ame of a
lame:	7				
Company:					
Address:					

City/State/Zip:

## LLC-12A Attachment

18-A77836

A.	Limited	Liability	Company	Name
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EASY DOC FILING, LLC

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В.	12-Digit Secretary of State File Number	C.	State or Place of Organization (only if formed outside of California)
	201602810744		CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name CARRIE	Middle Name ELYSE	Last Name SHAPIRO			Suffix	
Entity Name						
Address 2120 LARKIN STREET #201	City (no abbreviations) SAN FRANCISCO State CA		Zip Code 94109			
First Name	Middle Name	Last Name	•		Suffix	
Entity Name				Ц		
Address	City (no abbreviations)		State	Zip Code		
First Name	Middle Name	Last Name			Suffix	
Entity Name	,					
Address	City (no abbreviations)		State	Zip Code		
First Name	Middle Name	Last Name	•		Suffix	
Entity Name				Ц		
Address	City (no abbreviations)	State		Zip (	Zip Code	
First Name	Middle Name	Last Name			Suffix	
Entity Name				Ц		
Address	City (no abbreviations)	state State		Zip Code		
First Name	Middle Name	Last Name			Suffix	
Entity Name	,					
Address	City (no abbreviations)  State		Zip (	Zip Code		
First Name	Middle Name	Last Name	•		Suffix	
Entity Name	'	1				
Address	City (no abbreviations) State		Zip Code			