Instructions for Completing the Statement of Information (Form LLC-12)

Every California and registered foreign limited liability company must file a Statement of Information with the California Secretary of State, within 90 days of registering with the California Secretary of State, and every two years thereafter during a specific 6-month filing period based on the original registration date, as described in the chart below.

All Statements of Information for limited liability companies can be filed online at bizfile.sos.ca.gov.

Status of LLC: In order to file Form LLC-12, the status of the LLC **must** be active or suspended/forfeited on the records of the California Secretary of State. The status of the LLC can be checked online on the Secretary of State's Business Search at <u>BusinessSearch.sos.ca.gov</u>. See the <u>FTB Suspension/Forfeiture</u> section below for information about resolving an FTB suspended/forfeited status.

Fees: See chart below. Checks should be made payable to the Secretary of State.

Copies: To obtain a copy or certified copy of this filed Statement of Information, include payment for copy fees and certification fees at the time this Statement of Information is submitted. Copy fees are \$1.00 for the first page and \$.50 for each attachment page. For certified copies, there is an additional \$5.00 certification fee, per document. If you would like a free filed copy of your Statement of Information, go to BusinessSearch.sos.ca.gov.

Processing Dates: For current processing dates, go to www.sos.ca.gov/business/be/processing-dates.

| Type of Filing | Description | Online/Form | Fee |
|--------------------------------|---|--|---------|
| Initial Filing | The initial filing is due 90 days from the entity's registration date. | File online at <u>bizfile.sos.ca.gov</u> . (Form LLC-12) | \$20.00 |
| Required Periodic Filing | The periodic filing is due every two years based on the entity's registration date. If the registration occurred in an even-numbered year, the periodic filing is due every even year. If the registration occurred in an odd-numbered year, the periodic filing is due every odd year. The filing period includes the registration month and the immediately preceding five (5) months. | File online at bizfile.sos.ca.gov. (Form LLC-12, if changes have been made) Or (Form LLC-12NC, if no changes since the last complete Statement of Information) | \$20.00 |
| No Fee Statement | A Statement of Information is submitted after the initial or required filing requirements have been met to update information including changes to the agent for service of process. | File online at <u>bizfile.sos.ca.gov</u> . (Form LLC-12) | No Fee |

Statutory Required 6 Month Filing Window for Limited Liability Companies

| Month of Formation, Registration or Conversion | Statement of Information Applicable Filing Period | | | |
|---|---|---------------------|--|--|
| | First Day of | Through Last Day of | | |
| January | August | January | | |
| February | September | February | | |
| March | October | March | | |
| April | November | April | | |
| May | December | May | | |
| June | January | June | | |
| July | February | July | | |
| August | March | August | | |
| September | April | September | | |
| October | May | October | | |
| November | June | November | | |
| December | July | December | | |

If you are not completing this form **online**, **type or print legibly** in black or blue ink. **Complete the Statement of Information (Form LLC-12) as follows:**

| Item | Instruction | Tips |
|------|---|--|
| 1. | Enter the name of the limited liability company exactly as it appears on file with the California Secretary of State, including the entity ending (ex: "Jones & Company, LLC" or "Smith Construction, a Limited Liability Company"). | To ensure you have the exact name of the LLC, refer to your registration document filed with the California Secretary of State and any name change amendments. Some foreign LLCs may have registered in California using an alternate name. If your LLC is a registered foreign LLC using an alternate name in California, you must enter the complete alternate name. |
| 2. | Enter the 12-digit Entity (File) Number issued to the LLC by the California Secretary of State at the time of registration. | The 12-digit Entity (File) Number is provided by the Secretary of State above the file stamp at the top of the LLC's registration document filed with the California Secretary of State or if filed electronically, in the top section, below the Entity Name. Secretary of State Records can be accessed online through our Business Search at <u>BusinessSearch.sos.ca.gov</u>. While searching the Business Search, be sure to identify your LLC correctly including the jurisdiction that matches your LLC. |
| 3. | If formed outside of California, enter the state, foreign country or other place where the LLC is organized. | The jurisdiction must match the Secretary of State's records. Secretary of State Records can be accessed online through our Business Search at <u>BusinessSearch.sos.ca.gov</u>. While searching the Business Search, be sure to identify your LLC correctly including the jurisdiction that matches your registered foreign LLC. If the LLC is formed in California, leave Item 3 blank. |

| 4a. | Enter the complete street address, city, state and zip code of the LLC's principal office. | The complete street address is required, including the street name and number, city, state and zip code. Address must be a physical address. Do not enter a P.O. Box address, an "in care of" address, or abbreviate the name of the city. |
|---------|--|---|
| | | abbreviate the hame of the oity. |
| 4b. | If different from the address in Item 4a, enter the complete mailing address, city, state and zip code of the LLC. | This address will be used for mailing purposes and may be a P.O. Box address or "in care of" an individual or entity. Do not abbreviate the name of the city. |
| | | Do not appreviate the name of the city. |
| 4c. | If the LLC is formed in California, enter the complete street address, city and zip code of the office in California, if different | The complete street address is required, including the street name and number, city and zip code. Address must be a physical address in California. |
| | from Item 4a. | - Address must be a physical address in California. |
| | If the LLC is formed outside of California, enter the complete street | Do not enter a P.O. Box address, an "in care of" address, or abbreviate the name of the city. |
| | address, city and zip code of the principle business office in California, if any. | If Item 4a is an address in California leave Item 4c blank and proceed to Item 5. |
| 5. | Enter the name and complete business or residential address of any manager(s), appointed or elected in accordance with the Articles of Organization or Operating Agreement, or if no manager(s) has been so elected or appointed, the name and business or residential address of each member. | If the LLC has more than one manager or member, enter the name(s) and address(es) of the additional mangers or members on Form LLC-12A. Please do not abbreviate the name of the city. |
| | | Review your Articles of Organization or any amendments thereto, to determine if the LLC is run by a single manager, more than one manager or by its member(s). |
| | | Every LLC is required to have at least one manager/member. |
| | | A member(s) is the owner of the LLC similar to a shareholder(s) in a corporation. |
| 6. | The LLC must have an Agent for Service of Process. There are two types of Agents that can be named: | An Agent for Service of Process is responsible for accepting legal documents (e.g. service of process, lawsuits, subpoenas, other types of legal notices, etc.) on behalf of the LLC. |
| | an individual (e.g. member, manager, or any other individual) who resides in | You must provide information for either an individual OR a registered corporate agent, not both. |
| | California with a physical California street address; OR • a registered corporate agent qualified with the California Secretary of State. | If using a registered corporate agent, the corporation must have a current agent registration certificate on file with the California Secretary of State as required by Section 1505. |
| 6a & b. | If Individual Agent: | The complete street address is required, including the |
| Ja & D. | Enter the name of the agent for service of process and the agent's complete California street address, city and zip code. | street name and number, city and zip code. Do not enter a P.O. Box address, an "in care of" address, or abbreviate the name of the city. Many times, a small LLC will designate a member or |
| | If an individual is designated as the agent, complete Items 6a and 6b ONLY. Do not complete Item 6c. | manager as the agent for service of process. The individual agent should be aware that the name and the physical street address of the agent for service of process is a public record, open to all (as are all the addresses of the LLC provided in filings). |

| 6c. | If Registered Corporate Agent: Enter the name of the registered corporate agent exactly as registered in California. If a registered corporate agent is designated as the agent, complete Item 6c ONLY. Do not complete Items 6a and 6b. | Before a corporation is designated as agent for the LLC, that corporation must have a current agent registration certificate on file with the California Secretary of State as required by Section 1505 stating the address(es) of the registered corporate agent and the authorized employees that will accept service of process of legal documents and notices on behalf of the LLC. Advanced approval must be obtained from a registered corporate agent prior to designating that corporation as your agent for service of process. No California or foreign corporation may register as a California corporate agent unless the corporation currently is authorized to engage in business in California and is in good standing on the records of the California Secretary of State. Provide your Registered Corporate Agent's exact name as registered with the California Secretary of State. To confirm that you are providing the exact name of the Registered Corporate Agent, go to https://businessfilings.sos.ca.gov/frmlist1505s.asp. |
|-----|--|---|
| 7. | Briefly describe the general type of business that is the principal business activity of the LLC. | |
| 8. | Enter the name and complete business or residential address of the chief executive officer, if any. | A chief executive officer may be in addition to members and managers but generally is the person that occupies the highest level position in the LLC's organization hierarchy in charge of managing the LLC. |
| 9. | Type or print the date, the name and title of the person completing this form and sign where indicated. | |

Submission Cover Sheet (Optional): To make it easier to receive communication related to **this document**, including the copy of the filed document, complete the Submission Cover Sheet. For the Return Address: enter the name of a designated person and/or company and the corresponding mailing address. Please note: the Submission Cover Sheet will be treated as correspondence and will not be made part of the filed document.

Where to File: For faster service, this form can be filed online at <u>bizfile.sos.ca.gov</u>. The completed form along with the applicable fees can be mailed to Secretary of State, Statement of Information Unit, P.O. Box 944230, Sacramento, CA 94244-2300 or delivered in person (drop off) to the Sacramento office, 1500 11th Street, Sacramento, CA 95814.

Legal Authority: General statutory filing provisions are found in Section <u>17702.09</u> unless otherwise indicated. All statutory references are to the California Corporations Code, unless otherwise stated. Failure to file this Statement of Information by the due date will result in the assessment of a \$250.00 penalty. (Sections <u>17713.07(b)</u> and <u>17713.09;</u> California Revenue and Taxation Code section <u>19141.</u>)

FTB Suspension/Forfeiture: If the LLC's status is FTB suspended/forfeited, the status must be resolved with the California Franchise Tax Board (FTB) for the LLC to be returned to active status. For revivor requirements, go to the FTB's website at https://www.ftb.ca.gov or contact the FTB at (800) 852-5711 (from within the U.S.) or (916) 845-6500 (from outside the U.S.).



Secretary of State
Business Programs Division
Statement of Information
1500 11th Street, Sacramento, CA 95814
P.O. Box 944230, Sacramento, CA 94244-2300

Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. This information only will be used to communicate with you
 in writing about the submission. This form will be treated as correspondence and will not be made part of the filed
 document.
- Make all checks or money orders payable to the Secretary of State.
- Standard processing time for submissions to this office is approximately 5 business days from receipt. All submissions are reviewed in the date order of receipt. For updated processing time information, go to www.sos.ca.gov/business/be/processing-dates.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

| Entity Inform | nation: (Please type or print legibly) | | | |
|----------------------|--|---|------------------------------------|-----------------------------|
| Name: | | | | |
| Entity Number (| f applicable): | | | |
| Comments: _ | | | | |
| _ | | | | |
| _ | | | | |
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| _ | | | | |
| Return Addi | ess: For written communication d document enter the name of a pe | from the Secretary of State erson or company and the ma | related to this do ailing address. | ocument, or if purchasing a |
| Name: | Γ | 1 | | |
| Company: | | | | |
| Address: | | | Secretar T/TR: | y of State Use Only |
| City/State/Zip: | L | J | AMT REC'D: | \$ |



LLC-12

IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

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 Off | ice Use | e Only | | |
|--|---|--|-------------------|-----------|-------------|
| 1. Limited Liability Company Name (Enter the exact name of the LLC. If ye | ou registered in Califo | rnia using an alternate name, <u>see instructi</u> | ons.) | | |
| | | | | | |
| 2. 12-Digit Secretary of State Entity (File) Number 3. Sta | te, Foreign Countr | y or Place of Organization (only if fo | rmed out | side of (| California) |
| | | | | | |
| 4. Business Addresses | 1 | | т | T | |
| a. Street Address of Principal Office - Do not list a P.O. Box | City (no abbrevia | tions) | State | Zip Co | ıde |
| b. Mailing Address of LLC, if different than item 4a | City (no abbrevia | tions) | State | Zip Co | nde |
| c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Bo: | City (no abbrevia | tions) | State Zip Code CA | | |
| 5. Manager(s) or Member(s) If no managers have been appointed or el must be listed. If the manager/member is a an entity, complete Items 5b and 5c (leave LLC has additional managers/members, entitle of the managers of the | n individual, complete e Item 5a blank). No ter the name(s) and a | Items 5a and 5c (leave Item 5b blank). te: The LLC cannot serve as its own maddress(es) on Form LLC-12A. | If the ma | nager/m | nember is |
| a. First Name, if an individual - Do not complete Item 5b | Middle Name | Last Name | | | Suffix |
| b. Entity Name - Do not complete Item 5a | | | | | |
| c. Address | City (no abbrevia | tions) | State | Zip Co | nde |
| 6. Service of Process (Must provide either Individual OR Corporation.) | | | | | - |
| INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full nam | | | | | 0 111 |
| a. California Agent's First Name (if agent is not a corporation) | Middle Name | Last Name | Sumix | | Suffix |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | City (no abbrevia | ions) | State Zip Code CA | | ode |
| CORPORATION - Complete Item 6c only. Only include the name of the regis | tered agent Corporati | on. | | | |
| c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not comp | lete Item 6a or 6b | | | | |
| 7. Type of Business | | | | | |
| Describe the type of business or services of the Limited Liability Company | | | | | |
| 8. Chief Executive Officer, if elected or appointed | | | | | |
| a. First Name | Middle Name | Last Name | | | Suffix |
| b. Address | City (no abbrevia | tions) | State | Zip Co | ode |
| 9. By signing, I affirm under penalty of perjury that the information herein | is true and correct | and that I am authorized by Californi | a law to | sign. | |
| | | | | | |
| Date Type or Print Name of Person Completing th | e Form | Title Signatu | re | | |