



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

20-C90474

FILED

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

JUL 22, 2020

IMPORTANT — [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 California using an alternate name, [see instructions](#).)

TSUNDERIA LLC

2. 12-Digit Secretary of State File Number
 202012110659

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

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 50 alicc St, apt h	City (no abbreviations) Arcadia	State CA	Zip Code 91006
b. Mailing Address of LLC, if different than item 4a 644 N Fuller Ave PMB 7110	City (no abbreviations) Los Angeles	State CA	Zip Code 90036
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 50 alicc St, apt h	City (no abbreviations) Arcadia	State CA	Zip Code 91006

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](#)).

a. First Name, if an individual - Do not complete Item 5b Jackey	Middle Name	Last Name Lau	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 50 alicc St, apt h	City (no abbreviations) Arcadia	State CA	Zip Code 91006

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) Jackey	Middle Name	Last Name Lau	Suffix jckyla
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 50 alicc St, apt h	City (no abbreviations) Arcadia	State CA	Zip Code 91006

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

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
 Entertainment

8. Chief Executive Officer, if elected or appointed

a. First Name Jackey	Middle Name	Last Name Lau	Suffix jckyla
b. Address 50 alicc St, apt h	City (no abbreviations) Arcadia	State CA	Zip Code 91006

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

07/22/2020

Jackey Lau

CEO

Date

Type or Print Name of Person Completing the Form

Title

Signature

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: []