LLC-12  (REV 01/2017)
2017 California Secretary of State
www.sos.ca.gov/business/be

**Secretary of State**
**Statement of Information**  
(Limited Liability Company)

**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.)
   CANDLEWOOD CAPITAL LLC

2. **12-Digit Secretary of State File Number**
   199728910044

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
      11833 Darlington Avenue #301
      City (no abbreviations)
      Los Angeles
      State
      Zip Code
      CA 90049

   b. Mailing Address of LLC, if different than item 4a
      11833 Darlington Avenue #301
      City (no abbreviations)
      Los Angeles
      State
      Zip Code
      CA 90049

   c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box
      11833 Darlington Avenue #301
      City (no abbreviations)
      Los Angeles
      State
      Zip Code
      CA 90049

5. **Manager(s) or Member(s)**

   a. First Name, if an individual - Do not complete Item 5b
      Gary
      Middle Name
      Last Name
      Lubin
      Suffix

   b. Entity Name - Do not complete Item 5a

   c. Address
      11833 Darlington Avenue #301
      City (no abbreviations)
      Los Angeles
      State
      Zip Code
      CA 90049

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)
      Gary
      Middle Name
      Last Name
      Lubin
      Suffix

   b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box
      11833 Darlington Avenue #301
      City (no abbreviations)
      Los Angeles
      State
      Zip Code
      CA 90049

   **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**

   Consulting

8. **Chief Executive Officer, if elected or appointed**

   a. First Name
   b. Address

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

   12/08/2017
   Gary Lubin
   Manager
   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: [ ]