

17-711568



Secretary of State  
Statement of Information  
(Limited Liability Company)

LLC-12

FILED  
Secretary of State  
State of California

FEB 06 2017

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

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1. Limited Liability Company Name 1700 Viewmont LLC	
2. 12-Digit Secretary of State File Number 201507210140	3. State or Place of Organization (only if formed outside of California)

4. Business Addresses			
a. Street Address of Principal Office - Do not list a P.O. Box 9454 Wilshire Blvd, Suite 920	City (no abbreviations) Beverly Hills	State CA	Zip Code 90212
b. Mailing Address of LLC, if different than Item 4a 5 Southside Dr. # 290	City (no abbreviations) Clifton Park	State NY	Zip Code 12065
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).

a. First Name, if an individual - Do not complete Item 5b Clare	Middle Name	Last Name Bronfman	Suffix
b. Entity Name - Do not complete item 5a			
c. Address 5 Southside Dr # 290	City (no abbreviations) Clifton Park	State NY	Zip Code 12065

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).

a. California Agent's First Name (if agent is not a corporation) Barbara Cottlieb	Middle Name	Last Name Cottlieb	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 9454 Wilshire Blvd, Suite 920	City (no abbreviations) Beverly Hills	State CA	Zip Code 90212
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  
real estate

8. Chief Executive Officer, if elected or appointed

a. First Name Clare	Middle Name	Last Name Bronfman	Suffix
b. Address 5 Southside Dr. # 290	City (no abbreviations) Clifton Park	State NY	Zip Code 12065

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

1/31/17      Michele Tarzia      Admin      M. Luzzi  
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: [ ]