



**Secretary of State**  
Statement of No Change  
(Limited Liability Company)

**LLC-12NC**

19-A97370

**FILED**

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

MAR 08, 2019

*This Space For Office Use Only*

**IMPORTANT** — [Read instructions](#) before completing this form. This form may be used only if a complete Statement of Information has been filed previously and there has been no change.

**Filing Fee** – \$20.00

**Copy Fee** – \$1.00;  
Certification Fee - \$5.00 plus copy fee

**1. Limited Liability Company Name** (Enter the **exact** name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, [see instructions](#).)

ALATRI LLC,

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

201514810184

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

CALIFORNIA

**4. No Change Statement** (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

*There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.*

**5.** The information contained herein is true and correct.

03/08/2019

Date

MANSOOR N ABDULLA

Type or Print Name of Person Completing the Form

MEMBER / MANAGER

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: [ ]