



State of California
Secretary of State

L

91

STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

OCT 23 2015

21/201 PC
This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME
TMSC SERVICES, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
201526710065

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
Delaware

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.
 If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
5117 Renaissance Ave., Unit B	San Diego	CA	92122
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
5117 Renaissance Ave., Unit B	San Diego	CA	92122

Name and Complete Address of the Chief Executive Officer, if Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
Michael McDermott	5117 Renaissance Ave., Unit B	San Diego	CA	92122
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Jennifer Carroll	14415 Rancho del Prado Trail	San Diego	CA	92127
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
Kenneth Manqueros	14560 Via Bergano	San Diego	CA	92127

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Michael McDermott

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
5117 Renaissance Ave., Unit B	San Diego	CA	92122

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
management services

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

10/22/15 Michael McDermott Manager *Michael McDermott*
DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE SIGNATURE