LLC-12
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

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)
RIDE AWAY, LLC

2. 12-Digit Secretary of State File Number
201611210561

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
      3377 National Avenue
      City (no abbreviations) San Diego
      State CA Zip Code 92113
   b. Mailing Address of LLC, if different than item 4a
      3952 Clairemont Mesa Blvd #D282
      City (no abbreviations) San Diego
      State CA Zip Code 92117
   c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box
      3377 National Avenue
      City (no abbreviations) San Diego
      State CA Zip Code 92113

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
      Elfrieda
      Middle Name M
      Last Name Peggins
      Suffix
   b. Entity Name - Do not complete Item 5a
      
   c. Address
      3952 Clairemont Mesa Blvd #D282
      City (no abbreviations) San Diego
      State CA Zip Code 92117

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)
      Elfrieda
      Middle Name M
      Last Name Peggins
      Suffix
   b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box
      3952 Clairemont Mesa Blvd #D282
      City (no abbreviations) San Diego
      State CA Zip Code 92117

   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
      Transportation

8. Chief Executive Officer, if elected or appointed
   a. First Name
      
   b. Address
      City (no abbreviations) State Zip Code

9. The Information contained herein, including any attachments, is true and correct.
   10/11/2019 Elfrieda M Peggins Manager/Member

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: [ ]

19-D86413 FILED
OCT 11, 2019
This Space For Office Use Only

LLC-12 (REV 01/2017)
Page 1 of 2
A. Limited Liability Company Name
RIDE AWAY, LLC

B. 12-Digit Secretary of State File Number
20161210561

C. State or Place of Organization (only if formed outside of California)
CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual’s name and address. If the manager/member is an entity, enter the entity’s name and address. Note: The LLC cannot serve as its own manager or member.

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