



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

19-D86413

FILED

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

OCT 11, 2019

This Space For Office Use Only

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

201611210561

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	Middle Name	Last Name	Suffix
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

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: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

19-D86413

A. Limited Liability Company Name

RIDE AWAY, LLC

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B. 12-Digit Secretary of State File Number

201611210561

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.

First Name Abraham	Middle Name	Last Name Soto	Suffix
Entity Name			
Address 545 E Street	City (no abbreviations) Chula Vista	State CA	Zip Code 91910
First Name Patricia	Middle Name A	Last Name Mendoza	Suffix
Entity Name			
Address 1365 Holley Avenue	City (no abbreviations) Imperial Beach	State CA	Zip Code 91932
First Name Jimmy	Middle Name L	Last Name Coleman	Suffix
Entity Name			
Address 336 Clayell Avenue #3	City (no abbreviations) El cajon	State CA	Zip Code 92030
First Name Gloria	Middle Name Y	Last Name Sanchez	Suffix
Entity Name			
Address 735 48th Street	City (no abbreviations) San Diego	State CA	Zip Code 92102
First Name Ashley	Middle Name	Last Name Cordova	Suffix
Entity Name			
Address 1352 13th Street #K	City (no abbreviations) Imperial beach	State CA	Zip Code 91932
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code