16-761763

Secretary of State Statement of Information (Limited Liability Company)

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LLC-12

FILED
Secretary of State
State of California

SEP 06 2016

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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

1. Limited Liability Company Name
TIMELESSTODAY, LLC

2. 12-Digit Secretary of State File Number
201617310509

3. State or Place of Organization (only if formed outside of California)
DE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 31334 Anacapa View Dr	City (no abbreviations) Malibu	State CA	Zip Code 90265
b. Mailing Address of LLC, **if different than Item 4a** PO Box 6207	City (no abbreviations) Malibu	State CA	Zip Code 90264
c. Street Address of **California** Office, if Item 4a is not in California - Do not list a P.O. Box 31334 Anacapa View Dr	City (no abbreviations) Malibu	State CA	Zip Code 90265

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 Premlata	Middle Name Rawat	Last Name Hudson	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 405 Oriole St	City (no abbreviations) Ojai	State CA	Zip Code 93023

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) Stephen	Middle Name R	Last Name Hofer	Suffix
b. Street Address (if agent is **not** a corporation) - **Do not list a P.O. Box** 2800 28th St, Suite 200	City (no abbreviations) Santa Monica	State CA	Zip Code 90405
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
Multimedia Services

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.

Date	Type or Print Name of Person Completing the Form	Title	Signature
8/31/16	Kathy Gliebe	Bookkeeper	

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: