


16-499992

FILED
Secretary of State
State of California
NOV 18 2016

	Secretary of State Statement of Information (Limited Liability Company)	20 4/1	LLC-12
	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		

2/20/16
This Space For Office Use Only

1. Limited Liability Company Name PALMALI USA, LLC	
2. 12-Digit Secretary of State File Number 201630710161	3. State or Place of Organization (only if formed outside of California)

4. Business Addresses			
a. Street Address of Principal Office - Do not list a P.O. Box 1234 COWLES STREET	City (no abbreviations) LONG BEACH	State CA	Zip Code 90813
b. Mailing Address of LLC , if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office , if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

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 GEORGE	Middle Name	Last Name TERMENDZHIAN	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1234 COWLES STREET	City (no abbreviations) LONG BEACH	State CA	Zip Code 90813

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).

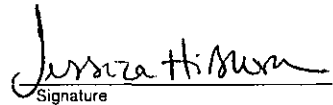
a. California Agent's First Name (if agent is not a corporation) LES	Middle Name	Last Name MARKS	Suffix ESQ.
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 11400 W. OLYMPIC BLVD., 9TH FLOOR	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90064
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b			

7. Type of Business Describe the type of business or services of the Limited Liability Company CARGO SHIPPING OF CRUDE OIL

8. Chief Executive Officer, if elected or appointed			
a. First Name DANIEL	Middle Name	Last Name MCDYRE	Suffix
b. Address 1234 COWLES STREET	City (no abbreviations) LONG BEACH	State CA	Zip Code 90813

9. The Information contained herein, including any attachments, is true and correct.

11/11/2016 JESSICA HIRSHON PARALEGAL
 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:	[JESSICA HIRSHON]
Company:	WOLF, RIFKIN, SHAPIRO, SCHULMAN & RABKIN, LLP
Address:	11400 W. OLYMPIC BLVD., 9TH FLOOR
City/State/Zip:	[LOS ANGELES, CA 90064]