Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

18-D51420

FILED

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

OCT 21, 2018

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.)

TRAP HEALS LLC

2. 12-Digit Secretary of State File Number	3. State, Foreign Country or Place of Organization (only if formed outside of California)
201828510340	CALIFORNIA

4. Business Addresses

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Office - Do not list a P.O. Box 3787 S. ST. ANDREWS PLACE`	LOS ANGELES	CA	90018
b. Mailing Address of LLC, **if different than item 4a** 3787 S. ST. ANDREWS PLACE`	LOS ANGELES	CA	90018
c. Street Address of **California** Office, if Item 4a is not in California - Do not list a P.O. Box 3787 S. ST. ANDREWS PLACE`	LOS ANGELES	**CA**	90018

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	Middle Name	Last Name	Suffix
Damon		Turner	
b. Entity Name - Do not complete Item 5a			
c. Address 3787 S. ST. ANDREWS PLACE`	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90018

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)	Middle Name	Last Name	Suffix
b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**	City (no abbreviations)	State **CA**	Zip Code

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

CALIFORNIA REGISTERED AGENT INC (C3730769)

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

ENTERTAINMENT, CLOTHING, AND CONSULTING

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.

10/21/2018	Sam Koolaq	Attorney of record	
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: