



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

19-B52613

FILED

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

APR 16, 2019

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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](#).)
SLOCAL ROOTS LLC

2. 12-Digit Secretary of State File Number 201903210288	3. State, Foreign Country or Place of Organization (only if formed outside of California) CALIFORNIA
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4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 3535 South Higuera Street	City (no abbreviations) San Luis Obispo	State CA	Zip Code 93401
b. Mailing Address of LLC, if different than item 4a 3535 South Higuera Street	City (no abbreviations) San Luis Obispo	State CA	Zip Code 93401
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 3535 South Higuera Street	City (no abbreviations) San Luis Obispo	State CA	Zip Code 93401

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 Stephan	Middle Name	Last Name Kennedy	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 3535 South Higuera Street	City (no abbreviations) San Luis Obispo	State CA	Zip Code 93401

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) Dustin	Middle Name Matthew	Last Name Tardiff	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 6699 Bay Laurel Place, #1	City (no abbreviations) Avila Beach	State CA	Zip Code 93424

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
Retail

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.

04/16/2019

Dustin Matthew Tardiff

Attorney in Fact

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-B52613

A. Limited Liability Company Name

SLOCAL ROOTS LLC

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B. 12-Digit Secretary of State File Number

201903210288

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 Austen	Middle Name	Last Name Connell	Suffix
Entity Name			
Address 3535 South Higuera Street	City (no abbreviations) San Luis Obispo	State CA	Zip Code 93401
First Name Chloe	Middle Name	Last Name Watkins	Suffix
Entity Name			
Address 3535 South Higuera Street	City (no abbreviations) San Luis Obispo	State CA	Zip Code 93401
First Name Marissa	Middle Name	Last Name Saucedo	Suffix
Entity Name			
Address 3535 South Higuera Street	City (no abbreviations) San Luis Obispo	State CA	Zip Code 93401
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
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
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code