

**LLC-12** 

19-E11582

## **FILED**

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

OCT 30, 2019

 $\label{local_local_local_local} \textbf{IMPORTANT} \ -- \ \text{Read instructions before completing this form.}$ 

Filing Fee - \$20.00

**Copy Fees** – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

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1. Limited Liability Company Name (Enter the exact name of the	LLC. If you re	egistered in California using	an alternate name, see instruction	ons.)		
FAIRFAX THEATER, LLC, THE						
2. 12-Digit Secretary of State File Number	3. State,	Foreign Country or Place	ce of Organization (only if fo	rmed out	side of (	California)
201729810254 CALIFO		PRNIA				
4. Business Addresses						
a. Street Address of Principal Office - Do not list a P.O. Box		City (no abbreviations)		State	Zip Code	
857 S. San Pedro Street,, Suite 300		Los Angeles		CA	90014	
b. Mailing Address of LLC, if different than item 4a		City (no abbreviations)		State	Zip Code	
857 S. San Pedro Street,, Suite 300		Los Angeles		CA	90014	
c. Street Address of <b>California</b> Office, if Item 4a is not in California - Do not list a P.O. Box 857 S. San Pedro Street,, Suite 300		City (no abbreviations) Los Angeles		State CA	Zip Code 90014	
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 Harkham			Suffix
b. Entity Name - Do not complete Item 5a						
c. Address 857 S. San Pedro Street,, Suite 300		City (no abbreviations) Los Angeles		State CA	Zip Co	
6. Service of Process (Must provide either Individual OR Corporation.)						
INDIVIDUAL – Complete Items 6a and 6b only. Must include agent	,	d California street address.				
a. California Agent's First Name (if agent is <b>not</b> a corporation)  Dan		Middle Name	Last Name Harkham			Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 857 S. San Pedro Street, Suite 300		Loo Angoloo		State CA	Zip Co 900	
CORPORATION – Complete Item 6c only. Only include the name of	of the registere	d agent Corporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b						
7. Time of Dusiness						
7. Type of Business  a. Describe the type of business or services of the Limited Liability Company						
Real Estate						
8. Chief Executive Officer, if elected or appointed						
a. First Name		Middle Name	Last Name			Suffix
b. Address		City (no abbreviations)		State	Zip Co	ode
9. The Information contained herein, including any attachm	ents, is true	and correct.			<u> </u>	
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10/30/2019 Dan Harkham		Owner				
Date Type or Print Name of Person Completing the	ne Form	Title	Signature	,		
<b>Return Address (Optional)</b> (For communication from the Secretary of person or company and the mailing address. This information will become p				ment ent	er the n	ame of a
Name:		7				
Company:						
Address:						

City/State/Zip: