



Secretary of State
Statement of Information 16
 (Limited Liability Company)

LLC-12

FILED
 Secretary of State
 State of California

MAR 20 2020

IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

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

21/20/pc

Above Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

SCHERWIN & ASSOCIATES, LLC

2. 12-Digit Secretary of State Entity (File) Number

2 0 2 0 0 6 5 1 0 2 2 8

3. State, Foreign Country 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 6185 MAGNOLIA AVENUE SUITE 405	City (no abbreviations) RIVERSIDE	State CA	Zip Code 92506
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 address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete item 5b SHERMAN	Middle Name	Last Name HUMPHREY	Suffix
b. Entity Name - Do not complete item 5a			
c. Address 6185 MAGNOLIA AVENUE SUITE 405	City (no abbreviations) RIVERSIDE	State CA	Zip Code 92506

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

Corporation Service Company Which Will Do Business In California As CSC-Lawyers Incorporating Service

C1592199

7. Type of Business

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

Financial Consulting

8. Chief Executive Officer, if elected or appointed

a. First Name SHERMAN	Middle Name	Last Name HUMPHREY	Suffix
b. Address 6185 MAGNOLIA AVENUE SUITE 405	City (no abbreviations) RIVERSIDE	State CA	Zip Code 92506

9. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

03/11/2020

SHERMAN HUMPHREY MEMBER

Date

Type or Print Name of Person Completing the Form

Title

Signature