



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

20-F23415

FILED

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

DEC 29, 2020

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](#).)

SCHERWIN & ASSOCIATES, LLC

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

202006510228

DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 9431 Haven Avenue Suite 100	City (no abbreviations) Rancho cucamonga	State CA	Zip Code 91730
b. Mailing Address of LLC, if different than item 4a 9431 Haven Avenue Suite 100	City (no abbreviations) Rancho cucamonga	State CA	Zip Code 91730
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 9431 Haven Avenue Suite 100	City (no abbreviations) Rancho cucamonga	State CA	Zip Code 91730

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 Serena	Middle Name	Last Name Lopez	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 902 ellen street	City (no abbreviations) Colton	State CA	Zip Code 92324

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
c. Address			

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

a. 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 Serena	Middle Name	Last Name Lopez	Suffix
b. Address 902 ellen street	City (no abbreviations) Colton	State CA	Zip Code 92324

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

12/29/2020

David Brown

CFO

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**

20-F23415

A. Limited Liability Company Name

SCHERWIN & ASSOCIATES, LLC

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B. 12-Digit Secretary of State File Number

202006510228

C. State or Place of Organization (only if formed outside of California)

DELAWARE

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 David	Middle Name	Last Name Brown	Suffix
Entity Name			
Address 16000 Yucca Street	City (no abbreviations) Hesperia	State CA	Zip Code 92345
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			
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