


17-700049

**FILED**  
 Secretary of State  
 State of California  
 JAN 03 2017

	<b>Secretary of State</b> <b>Statement of Information</b> (Limited Liability Company)	20	<b>LLC-12</b>
	<b>IMPORTANT — Read instructions before completing this form.</b>  <b>Filing Fee - \$20.00</b>  <b>Copy Fees – Face Page \$1.00 &amp; .50 for each attachment page;</b> Certification Fee - \$5.00		

This Space For Office Use Only

**1. Limited Liability Company Name**  
 WYLDER'S SWEET SHOP,LLC

<b>2. 12-Digit Secretary of State File Number</b> 201323110207	<b>3. State or Place of Organization (only if formed outside of California)</b> CALIFORNIA
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**4. Business Addresses**

<b>a. Street Address of Principal Office - Do not list a P.O. Box</b> 11939 VENTURA BLVD.	City (no abbreviations) STUDIO CITY	State CA	Zip Code 91604
<b>b. Mailing Address of LLC, if different than item 4a</b> 9731 SWEETWATER DR	City (no abbreviations) SANTA CLARITA	State CA	Zip Code 91390-5436
<b>c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box</b> 9731 SWEETWATER DR	City (no abbreviations) SANTA CLARITA	State CA	Zip Code 91390-5436

**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).

<b>a. First Name, if an individual - Do not complete Item 5b</b> GAIL	Middle Name	Last Name BACELAR	Suffix
<b>b. Entity Name - Do not complete Item 5a</b>			
<b>c. Address</b> 9731 SWEETWATER DR	City (no abbreviations) SANTA CLARITA	State CA	Zip Code 91390-5436

**6. Agent for Service of Process**  
 Item 6a and 6b: If the agent is an individual, the agent must reside in California and item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and item 6c must be completed (leave item 6a-6b blank).

<b>a. California Agent's First Name (if agent is not a corporation)</b> GAIL	Middle Name	Last Name BACELAR	Suffix
<b>b. Street Address (if agent is not a corporation) - Do not list a P.O. Box</b> 9731 SWEETWATER DR	City (no abbreviations) SANTA CLARITA	State CA	Zip Code 91390-5436
<b>c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b</b> GAIL BACELAR			

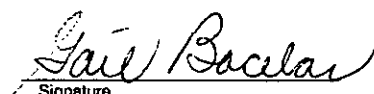
**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
 RETAIL PET SUPPLY STORE

**8. Chief Executive Officer, if elected or appointed**

<b>a. First Name</b>	Middle Name	Last Name	Suffix
<b>b. Address</b>		City (no abbreviations)	State Zip Code

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

DEC.28,2016 <small>Date</small>	GAIL BACELAR <small>Type or Print Name of Person Completing the Form</small>	MANAGING MEMBE <small>Title</small>	 <small>Signature</small>
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**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: [ ]