



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

8/28

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

SEP 23 2013

This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME
WYLDER'S SWEET SHOP, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER **201323110207** 3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
CALIFORNIA

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
11948 VENTURA BLVD	STUDIO CITY, CA		91406
MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
9731 SWEETWATER DRIVE	SANTA CLARITA, CA		91390
STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
11948 VENTURA BLVD	STUDIO CITY	CA	91406

Name and Complete Address of the Chief Executive Officer, If Any

NAME	ADDRESS	CITY	STATE	ZIP CODE
BACELAR, CARLOS	9731 SWEETWATER DRIVE	SANTA CLARITA, CA		91390

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

NAME	ADDRESS	CITY	STATE	ZIP CODE
BACELAR, CARLOS	9731 SWEETWATER DRIVE	SANTA CLARITA, CA		91390
BACELAR, GAIL	9731 SWEETWATER DRIVE	SANTA CLARITA, CA		91390
NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
BACELAR, GAIL

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
9731 SWEETWATER DRIVE SANTA CLARITA CA 91390

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
ICE CREAM SHOP

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

9/4/2013 BACELAR, CARLOS MEMBER/MANAGER

DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE SIGNATURE