



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

**LLC-12**

20-D36662

**FILED**

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

AUG 24, 2020

**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

**This 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](#).)

ADOBE INVESTMENTS LLC

**2. 12-Digit Secretary of State File Number**  
201106910063

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)  
CALIFORNIA

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 1320 19TH Hole dr	City (no abbreviations) Windsor	State CA	Zip Code 95492
b. Mailing Address of LLC, if different than item 4a 1320 19TH Hole dr	City (no abbreviations) Windsor	State CA	Zip Code 95492
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1320 19TH Hole dr	City (no abbreviations) Windsor	State CA	Zip Code 95492

**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	Suffix
b. Entity Name - Do not complete Item 5a ROOSTER RUN GENERAL PARTNERS			
c. Address 1320 19TH HOLE DRIVE	City (no abbreviations) WINDSOR	State CA	Zip Code 95492

**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 <b>not</b> a corporation) LARRY	Middle Name	Last Name WASEM	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 1320 19TH Hole dr	City (no abbreviations) Windsor	State CA	Zip Code 95492

**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

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
golf club

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

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

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

08/24/2020

Wendy Merget

Windsor Golf Club Inc

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: [ ]



**Secretary of State**  
**Statement of No Change**  
(Limited Liability Company)

**LLC-12NC**

21-A45844

**FILED**

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

JAN 26, 2021

*This Space For Office Use Only*

**IMPORTANT** — [Read instructions](#) before completing this form. This form may be used only if a complete Statement of Information has been filed previously and there has been no change.

**Filing Fee** – \$20.00

**Copy Fee** – \$1.00;  
Certification Fee - \$5.00 plus copy fee

- 1. Limited Liability Company Name** (Enter the **exact** name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, [see instructions](#).)

ADOBE INVESTMENTS LLC

- 2. 12-Digit Secretary of State File Number**

201106910063

- 3. State, Foreign Country or Place of Organization** (only if formed outside of California)

CALIFORNIA

- 4. No Change Statement** (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

*There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.*

- 5.** The information contained herein is true and correct.

01/26/2021

Date

wendy merget

Type or Print Name of Person Completing the Form

Accounting manager

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: [