



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

**LLC-12**

19-B17306

**FILED**

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

MAR 21, 2019

**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](#).)  
DDC NUTRITION LLC

**2. 12-Digit Secretary of State File Number** 201814211204      **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 340 S LEMON AVE Unit 5205	City (no abbreviations) WALNUT	State CA	Zip Code 91789
b. Mailing Address of LLC, if different than item 4a 340 S LEMON AVE Unit 5205	City (no abbreviations) WALNUT	State CA	Zip Code 91789
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 340 S LEMON AVE Unit 5205	City (no abbreviations) WALNUT	State CA	Zip Code 91789

**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 Hang	Middle Name	Last Name Yu	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 340 S LEMON AVE Unit 5205	City (no abbreviations) WALNUT	State CA	Zip Code 91789

**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)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>			
		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  
**VIRTUAL POST SOLUTIONS, INC. (C3149126)**

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
Agriculture/Feed/Feed and Food Additives

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

a. First Name	Middle Name	Last Name	Suffix
b. Address			
		State	Zip Code

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

03/21/2019

Xi Chen

Member

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**

19-B17306

**A. Limited Liability Company Name**

DCC NUTRITION LLC

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

201814211204

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

CALIFORNIA

**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.

Xi	First Name	Middle Name	Last Name	Suffix
	Entity Name			
	Address	City (no abbreviations)	State	Zip Code
	340 S LEMON AVE Unit 5205	WALNUT	CA	91789
	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			
	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			
	Address	City (no abbreviations)	State	Zip Code
	First Name	Middle Name	Last Name	Suffix
	Entity Name			
	Address	City (no abbreviations)	State	Zip Code