YOUR RETURN MAILING ADDRESS

NAME: CUSTOM DESIGN FUR CORPORATION

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

P.O. BOX 1208, NORWALK, CA 90651-1208

Rev. 01/2014

ADDRESS: 10401 VENICE BLVD.

CITY: LOS ANGELES

STATE: CA ZIP CODE: 90034



Jan 15 2021

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Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by TINA TRAN

## FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one) Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT) Amended Filing- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION) Refile- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING) \$5.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5,00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER The following person(s) is (are) doing business as: \*1. LA APARTMENTS Print Fictitious Business Name(s) 10401 VENICE BLVD Mailing address if differer Street address of principal place of busine CA 90034 LOS ANGELES LA COUNTY COUNTY City State /Country Zip City State /Country Articles of Incorporation or Organization Number (if applicable): AI #ON \*\*\*REGISTERED OWNER(S): **CUSTOM DESIGN FUR CORPORATION** 2. Full Name/Corp/LLC (P.O. Box not accepted) Full Name/Corp/LLC (P.O. Box not accepted) 10401 VENICE BLVD. Residence Address Residence Address LOS ANGELES 90034 CA City State/Country City Zip State/Country Zip CA If Corporation or LLC - Print State of Incorporation/Organization If Corporation or LLC - Print State of Incorporation/Organization Full Name/Corp/LLC (P.O. Box not accepted) Full Name/Corp/LLC (P.O. Box not accepted) Residence Address Residence Address City State/Country Zip City State/Country Zip If Corporation or LLC - Print State of Incorporation/Organization If Corporation or LLC - Print State of Incorporation/Organization IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION \*\*\*\*THIS BUSINESS IS CONDUCTED BY: (Check one) a Limited Liability Company a General Partnership a Limited Partnership an Individual a Trust an Unincorporated Association other than a Partnership x a Corporation Copartners a Married Couple Joint Venture State or Local Registered Domestic Partners a Limited Liability Partnership 01/2008 \*\*\*\*\*The date registrant started to transact business under the fictitious business name or names listed above: (Insert N/A above if you haven't started to transact business) I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).) REGISTRANT(S)/CORP/LLCNAME (PRINT) CUSTOM DESIGN FUR CORPORATION TITLE Secretary IF CORP OR LLC, PRINT NAME SIMONE EMMONS REGISTRANT SIGNATURE / nous if corporation, also print corporate title of officer. If LLC, also print title of officer or manager. This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EFFECTIVE JANUARY 1, 2014, THE FICTICIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE). I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

BY:

PH: (562) 462-2177

, Deputy

WEB ADDRESS: LAVOTE.NET