



State of California  
Secretary of State

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STATEMENT OF INFORMATION  
(Limited Liability Company)

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  
MAY 27 2015

1. LIMITED LIABILITY COMPANY NAME

BioStar Technology International, LLC

2/20/15

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER  
201512210007

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)  
CA

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.)

5. STREET ADDRESS OF PRINCIPAL OFFICE  
4443 West Sunset Blvd., Suite B

CITY  
Los Angeles

STATE  
CA

ZIP CODE  
90027

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

CITY

STATE  
ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE

4443 West Sunset Blvd., Suite B

CITY  
Los Angeles

STATE  
CA

ZIP CODE  
90027

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

8. NAME ADDRESS CITY STATE ZIP CODE

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.)

9. NAME ADDRESS CITY STATE ZIP CODE  
Ulysses Angulo 4443 West Sunset Blvd., Suite B Los Angeles, CA 90027

10. NAME ADDRESS CITY STATE ZIP CODE  
Maria Sheretova 4443 West Sunset Blvd., Suite B Los Angeles, CA 90027

11. 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  
Malcolm S. McNeil, Esq.

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE  
555 West Fifth Street, 48th Floor Los Angeles CA 90013

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
Distribution of medical diagnostic devices

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

5/26/15  
DATE

Malcolm S. McNeil, Esq.  
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Legal Counsel  
TITLE

SIGNATURE