



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

19-E69062

FILED

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

DEC 18, 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](#).)

AYLA PHARMA LLC

2. 12-Digit Secretary of State File Number

201933610389

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

23 Corporate Plaza Suite 150

City (no abbreviations)

Newport Beach

State

CA

Zip Code

92660

b. Mailing Address of LLC, if different than item 4a

23 Corporate Plaza Suite 150

City (no abbreviations)

Newport Beach

State

CA

Zip Code

92660

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

23 Corporate Plaza Suite 150

City (no abbreviations)

Newport Beach

State

CA

Zip Code

92660

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
Dubai Angel Ventures LLC

c. Address

2212 The Strand

City (no abbreviations)

Manhattan Beach

State

CA

Zip Code

90266

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 **not** a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

City (no abbreviations)

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

LEGALZOOM.COM, INC. (C2967349)

7. Type of Business

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

Consulting

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.

12/18/2019

Miles Healey

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-E69062

A. Limited Liability Company Name

AYLA PHARMA LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

201933610389

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.

First Name	Middle Name	Last Name	Suffix
Entity Name Thompson Capital Holdings LLC			
Address 112 23rd Street		City (no abbreviations) Manhattan Beach	State CA
		Zip Code 90266	
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	