

YOUR RETURN MAILING ADDRESS

NAME: ANN SMITH
ADDRESS: 222 OAK ST
CITY: LOS ANGELES STATE: CA ZIP CODE: 90012

DEAN C. LOGAN, REGISTRAR-RECORDER/COUNTY CLERK

FICTITIOUS BUSINESS NAME STATEMENT

The following person(s) is (are) doing business as:

1. SMOOTH SAILING RENTALS 2. _____
Fictitious Business Name(s)
133 MAIN ST.
Street address of principal place of business
NORWALK CA 90650 LOS ANGELES
City State Zip COUNTY
Articles of Incorporation or Organization Number (if applicable): AI #ON _____

REGISTERED OWNER(S):

1. ANN SMITH
Full Name/Corp/LLC (if Corp/LLC must be registered in CA) Full Name/Corp/LLC
133 MAIN ST.
Business Mailing Address (if Corp. or LLC enter the physical address of the Corp./LLC) Business Mailing Address (if Corp. or LLC enter the physical address of the Corp./LLC)
NORWALK CA 90650
Business Mailing City Business Mailing State Business Mailing Zip Business Mailing City Business Mailing State Business Mailing Zip
If Corporation or LLC – Print State of Incorporation/Organization If Corporation or LLC – Print State of Incorporation/Organization

IF MORE THAN TWO REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual a General Partnership a Limited Partnership a Limited Liability Company
- an Unincorporated Association other than a Partnership a Corporation a Trust Copartners
- a Married Couple Joint Venture State or Local Registered Domestic Partners a Limited Liability Partnership

The date registrant commenced to transact business under the fictitious business name or names listed above on N/A
(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/CORP/LLC NAME (PRINT) ANN SMITH TITLE OWNER

REGISTRANT SIGNATURE [Signature] IF CORP OR LLC, PRINT NAME _____

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 FICTITIOUS 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: _____, Deputy

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

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK