

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT6388978

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF ADDRESS
CONVEYING PARTY DATA	
Name	Execution Date
L&L CANDLE COMPANY, LLC	05/26/2020
RECEIVING PARTY DATA	
Name:	L&L CANDLE COMPANY, LLC
Street Address:	621 LUNAR AVE
City:	BREA
State/Country:	CALIFORNIA
Postal Code:	92821
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15602512
CORRESPONDENCE DATA	
Fax Number:	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Email:	mbright@perkinscoie.com
Correspondent Name:	BABAK TEHRANCHI
Address Line 1:	PERKINS COIE LLP
Address Line 2:	PO BOX 1247
Address Line 4:	SEATTLE, WASHINGTON 98111-1247
ATTORNEY DOCKET NUMBER:	128555-8036.US03
NAME OF SUBMITTER:	MEGHAN BRIGHT
SIGNATURE:	/Meghan Bright/
DATE SIGNED:	11/06/2020
Total Attachments: 2	
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Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

20-C14918

FILED

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

MAY 26, 2020

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

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

L&L CANDLE COMPANY, LLC

2. 12-Digit Secretary of State File Number

201927310281

3. State, Foreign Country or Place of Organization (only if formed outside of California)

DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 621 LUNAR AVE	City (no abbreviations) Brea	State CA	Zip Code 92821
b. Mailing Address of LLC, if different than item 4a 621 LUNAR AVE	City (no abbreviations) Brea	State CA	Zip Code 92821
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box 621 LUNAR AVE	City (no abbreviations) Brea	State CA	Zip Code 92821

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 LUMINARA WORLDWIDE, LLC			
c. Address 6423 CITY WEST PARKWAY	City (no abbreviations) EDEN PRAIRIE	State MN	Zip Code 55344

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) JOHNNY	Middle Name	Last Name YANG	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 621 LUNAR AVE	City (no abbreviations) Brea	State CA	Zip Code 92821

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

7. Type of Business

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

FLAMELESS CANDLE WHOLESALERS

8. Chief Executive Officer, if elected or appointed

a. First Name JOHNNY	Middle Name	Last Name YANG	Suffix
b. Address 621 LUNAR AVE	City (no abbreviations) Brea	State CA	Zip Code 92821

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

05/26/2020

KATHY LI

SENIOR ACCOUNTANT

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: []

