



**Secretary of State
Statement of Information
(Limited Liability Company)**

LLC-12

17-B15040

FILED

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

OCT 20, 2017

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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](#).)

SILICON VALLEY CLUB, LLC

2. 12-Digit Secretary of State File Number

201713610534

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

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

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

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

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

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

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

SVC America Center Hotel, LLC

c. Address

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

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)

Devang

Middle Name

Last Name

Shah

Suffix

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

18800 Bella Vista

City (no abbreviations)

Saratoga

State

CA

Zip Code

95070

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

Hotel

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.

10/20/2017

Devang Shah

SpringHill Suites by Marriott

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 6

Page 1 of 3

17-338121



Secretary of State
Statement of Information
 (Limited Liability Company)

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LLC-12

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Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee — \$5.00 plus copy fees

FILED
Secretary of State
State of California

MAY 04 2017

NE

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

SVC America Center Hotel, LLC

2. 12-Digit Secretary of State File Number

201711710509

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

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 579 Clyde Avenue, Suite 340	City (no abbreviations) Mountain View	State CA	Zip Code 94043
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

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 Devang	Middle Name	Last Name Shah	Suffix
b. Entity Name - Do not complete item 5a			
c. Address 18800 Bella Vista	City (no abbreviations) Saratoga	State CA	Zip Code 95070

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) Devang	Middle Name	Last Name Shah	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 579 Clyde Avenue, Suite 340	City (no abbreviations) Mountain View	State CA	Zip Code 94043

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
 Real Estate Investment

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.

05/03/2017

Date

Devang Shah

Type or Print Name of Person Completing the Form

Manager

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 6

Page 2 of 3

 Attachment to Statement of Information (Limited Liability Company)	LLC-12A Attachment
A. Limited Liability Company Name <div style="font-size: 1.2em; margin-top: 10px;">SVC America Center Hotel, LLC</div>	
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B. 12-Digit Secretary of State File Number <div style="font-size: 1.2em; margin-top: 10px;">201711710509</div>	C. State or Place of Organization (only if formed outside of 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.

2a. First Name - Do not complete item 2b Krishna	Middle Name	Last Name Jhaveri	Suffix
2b. Entity Name - Do not complete item 2a			
2c. Address 960 Bluebonnet Drive	City (no abbreviations) Sunnyvale	State CA	Zip Code 94086
3a. First Name - Do not complete item 3b Ashok	Middle Name	Last Name Killer	Suffix
3b. Entity Name - Do not complete item 3a			
3c. Address 12800 Clausen Court	City (no abbreviations) Los Altos	State CA	Zip Code 94022
4a. First Name - Do not complete item 4b	Middle Name	Last Name	Suffix
4b. Entity Name - Do not complete item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name - Do not complete item 5b	Middle Name	Last Name	Suffix
5b. Entity Name - Do not complete item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name - Do not complete item 6b	Middle Name	Last Name	Suffix
6b. Entity Name - Do not complete item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name - Do not complete item 7b	Middle Name	Last Name	Suffix
7b. Entity Name - Do not complete item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name - Do not complete item 8b	Middle Name	Last Name	Suffix
8b. Entity Name - Do not complete item 8a			
8c. Address	City (no abbreviations)	State	Zip Code

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