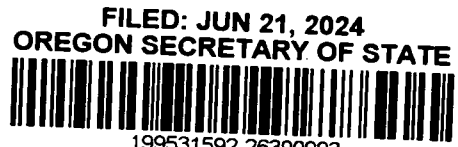




Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

**2024 ANNUAL REPORT**  
**Registry Number: 199531592**  
**Date of Organization: 07/22/2022**  
**Fee: \$100**  
**Due Date: 07/22/2024**  
**Type: DOMESTIC LIMITED LIABILITY COMPANY**



DETAILOR LLC

RENANA

DETAILOR LLC  
18051 SW LOWER BOONES FERRY RD APT 143  
TIGARD OR 97224

**Name of Domestic Limited Liability Company**

DETAILOR LLC

**Jurisdiction: OREGON**

The following information is required by statute. Please complete the entire form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

SAEID ANSARI  
18051 SW LOWER BOONES FERRY RD APT 143  
TIGARD OR 97224

If the Registered Agent has changed,  
the new agent has consented to the appointment. Oregon  
street address required.

**1) Type of Business**

**2) Principal Place of Business (Address,city,state,zip)**

18051 SW LOWER BOONES FERRY RD APT 143  
TIGARD OR 97224

**3) Mailing Address (Address,city,state,zip)**

18051 SW LOWER BOONES FERRY RD APT 143  
TIGARD OR 97224

**4)  Member or  Manager (Name&Address)**

SAEID ANSARI  
18051 SW LOWER BOONES FERRY RD APT 143  
TIGARD OR 97224

**5)  Member or  Manager (Name&Address)**

SAEID ANSARI  
18051 SW LOWER BOONES FERRY RD APT 143  
TIGARD OR 97224

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature**

**7) Printed Name**

Saeid Ansari

**8) Date**

06/21, 2024

**9) Phone Number**

503-703-0004

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-  
06/21/24