



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

Phone: (503) 986-2200  
FAX: (503) 378-4381  
sos.oregon.gov/business

**2024 ANNUAL REPORT**

Registry Number: 214937898  
Date of Organization: 7/18/2023  
Fee: \$100  
Due Date: 7/18/2024  
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: JUN 24, 2024  
OREGON SECRETARY OF STATE



JAMEEN LLC

RENANA

001053

JAMEEN LLC  
15420 SW FARMINGTON RD  
BEAVERTON OR 97007

**Name of Domestic Limited Liability Company**

JAMEEN LLC

**Jurisdiction:** OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

BALBIR SINGH SANDHU  
16745 SW BLANTON ST  
BEAVERTON, OR 97078

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

**1) Type of Business** LAND OWNER

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

18570 SW SHAW ST  
ALOHA, OR 97078

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

15420 SW FARMINGTON RD  
BEAVERTON, OR 97007

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

RAJWINDER SINGH SANDHU  
15420 SW FARMINGTON RD  
BEAVERTON, OR 97007

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

BALBIR SINGH SANDHU  
16745 SW BLANTON ST  
BEAVERTON, OR 97078

**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** Rajwinder Sandhu

**7) Printed Name** RAJWINDER SANDHU

**8) Date** 6-22-2024

**9) Phone Number** 971.506.0733

**Make check payable to "Corporation Division" and mail completed form with payment 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.