Texas Franchise Tax Public Information Report

Comptroller 05-102 of Public Accounts FORM Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number	■ Repo	rt year	You have c	ertain rights ui	nder Chapter S	552 and 5	559, Gove	ernment C	ode,
3 2 0 3 5 9 3 4 6 8 9	2 0	0 1	X 1	equest, and corr at (800) 252-138			ve on file	about you	J.
Taxpayer name THE MENDEL LAW FIRM, L.P.									
Mailing address 1155 DAIRY ASHFORD RD STE	104						ate (SOS) e numbe	file numl r	oer or
City HOUSTON State	TX	TX ZIP Code 77079				0800043422			
Blacken circle if there are currently no changes from previo	us year; if no ii	nformatic	n is displayed, com	plete the applic	able informati	on in Sec	tions A, E	and C.	
Principal office 1155 DAIRY ASHFORD RD, STE	104 HOL	ISTON	TX 77079						
Principal place of business 1155 DAIRY ASHFORD RD STE			······································						
Officer, director and manager informat report. There is no requirement or officers, directors, or managers characteristics.	rmation is rep tion is update r procedure fo ange through	orted as d annual or supple out the y	of the date a Publ ly as part of the fr menting the infor ear.	anchise tax			•• IIIII •••• • 9346891	11 111 141114 14111 1 1	1881 1811 18 8
Name	Title			Director	T_		m d	d y	у
STEPHEN A MENDEL	MAN	AGING	MEMBER	YES	Term expiration	1 2	2 3	1 2	0
Mailing address 19419 KESSINGTON LANE	City	City			State ZIP Code 77094				
Name	Title			Director	Term		m d	d y	
				YES	expiration				
Mailing address	City				State		ZIP C	ode	
Name	Title			Director	Term	m	m d	d y	у
				YES	expiration		1710.6		
Mailing address	City				State		ZIP C	oae 	
SECTION B Enter the information required for each corp						'			
Name of owned (subsidiary) corporation or limited liability co	. ,		of formation		S file number			-	
Name of owned (subsidiary) corporation or limited liability co	mpany 	State o	of formation	Texas SO	S file number	r, if any P	ercenta	ge of own	ership
Enter the information required for each corporation liability company.	oration or LL	C, if any,	that owns an int	•					
Name of owned (parent) corporation or limited liability comp	any	State	of formation	Texas SO	S file number	r, if any P	ercenta	ge of own	ership
Registered agent and registered office currently on file. <i>(see ir</i> Agent: STEPHEN A. MENDEL	nstructions if y	ou need t	o make changes)		n circle if you Jistered agen				mation
Office: 1155 DAIRY ASHFORD, SUITE 104			City H (OUSTON	Sta	te TX	ZI	P Code 7707	79
The above information is required by Section 171.203 of the Tax Code for Sections A, B, and C, if necessary. The information will be available f	•		mited liability compa	any that files a Te	cas Franchise Ta	ax Report.	. Use addi	tional shee	ts
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dire	s true and corre	ct to the b							
sign here Ronald F Konicek	Tit	tle Fl e	ectronic	Date 02-01	-2019	Area co		hone nui	
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