

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input type="checkbox"/> Check box if an Amendment # <u>04 / 05 / 22</u> Date qualification threshold met (Month, Day, Year)	Date Stamp	CALIFORNIA FORM 409 For Official Use Only
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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: 6333 Lexington, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Leeor Maciborski	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 323-467-8210	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: leeor@rominvestments.com
LLC STREET ADDRESS: 6464 W. Sunset Blvd. #610	CITY: Los Angeles	STATE: CA	ZIP CODE: 90028
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE: ZIP CODE:
NAME OF COMMITTEE: ROM Investments, Inc. and affiliates		COMMITTEE ID:	COMMITTEE PHONE NUMBER: 323-467-8210
COMMITTEE EMAIL ADDRESS: leeor@rominvestments.com			
COMMITTEE STREET ADDRESS: 6464 W. Sunset Blvd. #610	CITY: Los Angeles	STATE: CA	ZIP CODE: 90028
COMMITTEE MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE: ZIP CODE:

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Maciborski Family Trust	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			50
Bernie Rubenstein Family Trust	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			50
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS

4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ DATE
 By  _____ SIGNATURE
Leeor Maciborski (Apr 15, 2022 18:42 PDT)

Attach additional information on appropriately labeled continuation sheets.






6333 Lexington 409

Final Audit Report

2022-04-16

Created:	2022-04-16
By:	Ashlee Titus (titusan@ymail.com)
Status:	Signed
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-  Document created by Ashlee Titus (titusan@ymail.com)
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