

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>2 / 9 / 24</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: Amador Concord, LLC		NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Derek Raynor		PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (408)354-4200		PRINCIPAL/RESPONSIBLE OFFICER EMAIL: draynor@vasonamanagement.com	
LLC STREET ADDRESS: 1500 E Hamilton Ave. Suite 210		CITY: Campbell	STATE: CA	ZIP CODE: 95008	LLC MAILING ADDRESS (IF DIFFERENT):		CITY: STATE: ZIP CODE:
NAME OF COMMITTEE: VASONA MANAGEMENT, INC.				COMMITTEE ID: 1394847	COMMITTEE PHONE NUMBER: (408) 354-4200	COMMITTEE EMAIL ADDRESS: fppc@bmhlaw.com	
COMMITTEE STREET ADDRESS: 1500 E Hamilton Ave. Suite 210		CITY: Campbell	STATE: CA	ZIP CODE: 95008	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
Terry Maas Separate Trust	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			43.75%
Maas Family Revocable 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 7/23/24
DATE

By 
Derek Raynor (Jul 23, 2024 14:47 PDT) SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print
Clear







CA Form 409 Amador Concord, LLC

Final Audit Report

2024-07-23

Created:	2024-07-23
By:	Sarah Yonan (syonan@bmhlaw.com)
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-  Document created by Sarah Yonan (syonan@bmhlaw.com)
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-  Signer draynor@vasonamanagement.com entered name at signing as Derek Raynor
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