

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

<b>Amendment</b> <input type="checkbox"/> Check box if an Amendment  3 / 16 / 22 # _____ Date qualification threshold met (Month, Day, Year)
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Date Stamp
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<b>CALIFORNIA FORM</b>
For Official Use Only

## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: BAB Associates, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Brian Bush	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (909) 481-1150	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: sshin@kaufmanlegalgroup.com
LLC STREET ADDRESS: 8328 Pumalo Street	CITY: Alta Loma	STATE: CA	ZIP CODE: 91701
LLC MAILING ADDRESS (IF DIFFERENT): 777 S. Figueroa Street, Suite 4050	CITY: Los Angeles	STATE: CA	ZIP CODE: 90017
NAME OF COMMITTEE: BAB Associates, LLC	COMMITTEE ID: 1450464	COMMITTEE PHONE NUMBER: (909) 481-1150	COMMITTEE EMAIL ADDRESS: sshin@kaufmanlegalgroup.com
COMMITTEE STREET ADDRESS: 8328 Pumalo Street	CITY: Alta Loma	STATE: CA	ZIP CODE: 91701
COMMITTEE MAILING ADDRESS (IF DIFFERENT): 777 S. Figueroa Street, Suite 4050	CITY: Los Angeles	STATE: CA	ZIP CODE: 90017

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

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Brian Bush	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
	<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			
	<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 1/31/2023  
DATE

By   
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.






# Form 409 - BAB Associates LLC (00425308xB613E) (002)

Final Audit Report

2023-02-01

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