

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: Blossom Village, 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
Amador Trust	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			99.75%
	<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 Jul 23, 2024
DATE

By Derek Raynor
Derek Raynor (Jul 23, 2024 14:48 PDT) SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print
Clear







CA Form 409 Blossom Village, 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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