

**Limited Liability Company (LLC)
Statement of Members**

(Government Code Section 84109)

Type or Print in Ink.

<p>Amendment</p> <p><input type="checkbox"/> Check box if an Amendment</p> <p>8 / 8 / 24</p> <p># _____</p> <p>Date qualification threshold met (Month, Day, Year)</p>	<p>Date Stamp</p>	<p>CALIFORNIA FORM 409</p> <p>For Official Use Only</p>
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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: CARVANA LLC		NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Carling Dinkler		PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 504-250-8876		PRINCIPAL/RESPONSIBLE OFFICER EMAIL: Carling.Dinkler@Carvana.com	
LLC STREET ADDRESS: 300 E. Rio Salado Parkway	CITY: Tempe	STATE: AZ	ZIP CODE: 85281	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: CARVANA LLC			COMMITTEE ID: 1456643	COMMITTEE PHONE NUMBER: 504-250-8876		COMMITTEE EMAIL ADDRESS: Carling.Dinkler@Carvana.com	
COMMITTEE STREET ADDRESS: 300 E. Rio Salado Parkway	CITY: Tempe	STATE: AZ	ZIP CODE: 85281	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
Carvana Operations HC LLC	<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 8/13/2024 By Carling Dinkler
DATE SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print
Clear






FORM409_CARVANALLC_8-13-24

Final Audit Report

2024-08-13

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-  Document created by Zoe Misquez (zmisquez@sbcglobal.net)
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