

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>8 / 20 / 24</u>
Date qualification threshold met (Month, Day, Year)

Date Stamp

CALIFORNIA FORM 409
For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: DC Long Beach Investors, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Dana David	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 1081 Long Beach Blvd	CITY: Long Beach	STATE: CA	ZIP CODE: 90813
LLC MAILING ADDRESS (IF DIFFERENT): N/A		CITY:	STATE: CA
NAME OF COMMITTEE: JB Matteson, Inc. & Affiliated Entities		COMMITTEE ID: 1413123	COMMITTEE PHONE NUMBER: (415) 389-6800
COMMITTEE STREET ADDRESS: 1900 S. Norfolk Street, Suite 225		CITY: San Mateo	STATE: CA
COMMITTEE MAILING ADDRESS (IF DIFFERENT): 2350 Kerner Blvd., Suite 250		CITY: San Rafael	STATE: CA
ZIP CODE: 94403		ZIP CODE: 94901	ZIP CODE: 94901

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
DCA Associates, 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
DCA Associates, LLC	Larry E. Morell and Erica Danjelic as Co-Trustees of the Morell Living Trust

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 08/28/2024
DATE

By _____
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear