

# 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
# <u>9 / 16 / 22</u>
Date qualification threshold met (Month, Day, Year)

Date Stamp
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<b>CALIFORNIA FORM 409</b>
For Official Use Only

## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Doctor's Associates LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Tim Brinkley	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 415-389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 325 Sub Way	CITY: Milford	STATE: CT	ZIP CODE: 06461
LLC MAILING ADDRESS (IF DIFFERENT): 2350 Kerner Blvd., Ste. 250	CITY: San Rafael	STATE: CA	ZIP CODE: 94901
NAME OF COMMITTEE: Doctor's Associates LLC	COMMITTEE ID: Not yet issued	COMMITTEE PHONE NUMBER: 415-389-6800	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com
COMMITTEE STREET ADDRESS: 2350 Kerner Blvd., Ste. 250	CITY: San Rafael	STATE: CA	ZIP CODE: 94901
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 (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Subway US Holdings, LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input checked="" type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE		\$100,500,000	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
Subway US Holdings, LLC	Subway Worldwide, Inc.

## 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 09/26/2022  
DATE

By \_\_\_\_\_  
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear