

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>11 / 30 / 23</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: MGW Del II, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Dennis Szuberla	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 619-285-5500	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: dszuberla@rvmsd.com
LLC STREET ADDRESS: 9191 Towne Centre Drive Suite 180	CITY: San Diego	STATE: CA	ZIP CODE: 92122
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: R&V Management and affiliates	COMMITTEE ID: 1369153	COMMITTEE PHONE NUMBER: 619-285-5500	COMMITTEE EMAIL ADDRESS: fppc@bmhlaw.com
COMMITTEE STREET ADDRESS: 9191 Towne Centre Drive Suite 180	CITY: San Diego	STATE: CA	ZIP CODE: 92122
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
Sacramento HVM Investors, LP	<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 Jan 24, 2024
DATE

By DENNIS SZUBERLA
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear

FPPC Form 409 (Nov/2021)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)







240122 Form 409 MGW Del II, LLC

Final Audit Report

2024-01-24

Created:	2024-01-23
By:	Sarah Yonan (syonan@bmhlaw.com)
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