

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

<b>Amendment</b>
<input checked="" type="checkbox"/> Check box if an Amendment
# <u>05 / 19 / 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: Mani Brothers, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Simon Mani	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 310-777-5000	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: fppc@bmhlaw.com
LLC STREET ADDRESS: 9200 Sunset Boulevard, Suite 555	CITY: West Hollywood	STATE: CA	ZIP CODE: 90069
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Mani Brothers, LLC	COMMITTEE ID: 1429246	COMMITTEE PHONE NUMBER: 310-777-5000	COMMITTEE EMAIL ADDRESS: fppc@bmhlaw.com
COMMITTEE STREET ADDRESS: 9200 Sunset Boulevard, Suite 555	CITY: West Hollywood	STATE: CA	ZIP CODE: 90069
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
Simon Mani	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			47.5%
Daniel Mani	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			47.5%
	<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 05/19/2022  
DATE

By *Simon Mani*  
Simon Mani (May 19, 2022 15:26 PDT)  
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear






# CA Form 419 - Form\_409

Final Audit Report

2022-05-19

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