

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># <u>10 / 26 / 22</u></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: PAVILIONS MANAGEMENT, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Aladdin Sammakieh	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 415-389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 1198 SAN PABLO AVE.	CITY: Berkeley	STATE: CA	ZIP CODE: 94706
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE: ZIP CODE:
NAME OF COMMITTEE: PAVILIONS MANAGEMENT, LLC		COMMITTEE ID: 1457246	COMMITTEE PHONE NUMBER: 415-389-6800
COMMITTEE STREET ADDRESS: 1198 SAN PABLO AVE.		CITY: Berkeley	STATE: ZIP CODE: CA 94706
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
Aladdin Dino Sammakieh and Lindsey Woods Ristuben Sammakieh Living Trust	<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 1/18/2023
DATE

By Aladdin Sammakieh
49D6A78E6693469... SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print **Clear**