Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment Check box if an Amendment			Date Stamp	CALIFORNIA 409				
12	15	23		For Official Use Only				
Date qualification threshold met (Month, Day, Year)								

							(IVIC	onth, Day	y, year)					
١.	LLC Information													
	LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF	RESPONSIBLE	OFFICER OR I	PRINCIP	AL OFFIC	ER:	PRINCIPA	AL/RESPONSIBLE OF	FICER PHON				
	Provence at the Dominion, LLC	Provence at the Dominion, LLC Todd Wilson			559-224-7550				twilson	twilson@wilsondevelopment.com				
	LLC STREET ADDRESS:	CITY:	Y: STATE: ZIP		ZIP C	ODE: LI	DE: LLC MAILING AD		DDRESS (IF DIFFERENT):		CITY:		STATE:	ZIP CODE:
	1325 E. Foxhill Drive	Fre	sno	CA	937	720								
	NAME OF COMMITTEE:				С	OMMITTE	EE ID	:	COMMITTEE PHON	IE NUMBER:	COMMITTEE	EMAIL AD	DRESS:	
	Provence at the Dominion, LLC								559-224-7550		fppc@b	mhlaw	.com	
	COMMITTEE STREET ADDRESS:	CITY:		STATE:	ZIP C	ODE: C	OMM	ITTEE MA	AILING ADDRESS (IF	DIFFERENT	Γ): CITY:		STATE:	ZIP CODE:
	1325 E. Foxhill Drive	Fre	sno	CA	937	720								
2.	Members (If any members are oth	er LLCs	s, further di	isclosure is	s requ	ired in								
	FULL NAME		N	//EMBERSHIP T	YPE		DA	ATE(S) OF (ONLY COMI CAPITAL CO	CAPITAL CONTRIBUT PLETE IF MEMBER HAS ME ONTRIBUTION THRESHOLD	ION CUN	MULATIVE CAI			ENTAGE IIP INTEREST
see attachment			☐ MEMBERSHIP 10% OR GREATER											
			CAPITAL CONTRIBUTIONS \$10,000			OR MOR	E							
			MEMBERSI											
			CAPITAL CO			OR MOR	E							
			MEMBERSI											
			CAPITAL CO			OR MOR	E							
			☐ MEMBERSI			OR MOR	F							
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3.	Names of Member LLCs Listed	in Part	2											
	NAME OF LLC LIS	STED IN PA	RT 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.

Jul 25, 2024

Todd Wilson

By Todd Wilson (Jul 25, 2024 09:33

SIGNATURE

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Continuation page

CALIFORNIA FORM 409

NAME OF FILER

Provence at the Dominion, LLC

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			
Leo Wilson Co., Inc.				50%			
James M. Andreoli				12.50%			
James Andy Andreoli				12.50%			
Anthony Eugeni Andreoli				12.50%			
Andrew Thomas Andreoli				12.50%			

3. Names of Member LLCs in Part 2						
NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS					

240115 Form 409 Provence at Dominion, LLC

Final Audit Report 2024-07-25

Created: 2024-07-23

By: Sarah Yonan (syonan@bmhlaw.com)

Status: Signed

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