

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

<p><b>Amendment</b></p> <p><input type="checkbox"/> Check box if an Amendment</p> <p># <u>10 / 10 / 22</u></p> <p>Date qualification threshold met (Month, Day, Year)</p>	<p>Date Stamp</p>	<p><b>CALIFORNIA FORM 409</b></p> <p>For Official Use Only</p>
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## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: RNLAWAD, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Ramzi Awad	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 415-389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 7085 Clairmont Mesa Blvd	CITY: San Diego	STATE: CA	ZIP CODE: 92111
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE: ZIP CODE:
NAME OF COMMITTEE: RNLAWAD, 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 <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Leticia Campos-Awad	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			49%
Ramzi Awad	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			51%
	<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 10/19/2022 By   
DATE SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print
Clear