

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>9 / 28 / 22</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: Raising Cane's Restaurants, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Mike Adrews	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 415-389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 6800 Bishop Road	CITY: Plano	STATE: TX	ZIP CODE: 75024
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Raising Cane's Restaurants, LLC	COMMITTEE ID:	COMMITTEE PHONE NUMBER: 415-389-6800	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com
COMMITTEE STREET ADDRESS: 6800 Bishop Road	CITY: Plano	STATE: TX	ZIP CODE: 75024
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
Sockeyes, LP	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			69.6
The 2009 Graves Family Delaware Dynasty Trust	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			19.7
	<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 09/28/2022
DATE

By _____
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

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