

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>05</u> / <u>04</u> / <u>2022</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: Sunny Cove, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Mark Engstrom	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (916) 371-0297	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: fppc@bmhlaw.com
LLC STREET ADDRESS: 837 Jefferson Blvd	CITY: West Sacramento	STATE: CA	ZIP CODE: 95691
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Sunny Cove, LLC	COMMITTEE ID: N/A	COMMITTEE PHONE NUMBER: (916) 371-0297	COMMITTEE EMAIL ADDRESS: fppc@bmhlaw.com
COMMITTEE STREET ADDRESS: 837 Jefferson Blvd	CITY: West Sacramento	STATE: CA	ZIP CODE: 95691
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
Engstrom Family 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 May 6, 2022
DATE

By Mark Engstrom
Mark Engstrom (May 6, 2022 15:34 PDT)
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear

FPPC Form 409 (Nov/2021)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)






CA Form 409 Sunny Cove

Final Audit Report

2022-05-06

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