

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>1 / 10 / 22</u> Date qualification threshold met (Month, Day, Year)
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Date Stamp

CALIFORNIA FORM 409 For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Taylor Builders LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Clifton Taylor	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (916) 778-0008	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: clifton@taylor-builders.com
LLC STREET ADDRESS: 1478 Stone Point Drive, Suite 100	CITY: Roseville	STATE: CA	ZIP CODE: 95661
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: DOMEYKO TAYLOR HOLDING COMPANY	COMMITTEE ID: 1426831	COMMITTEE PHONE NUMBER: (916) 778-0008	COMMITTEE EMAIL ADDRESS: clifton@taylor-builders.com
COMMITTEE STREET ADDRESS: 1478 Stone Point Drive, Suite 100	CITY: Roseville	STATE: CA	ZIP CODE: 95661
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
Domeyko Taylor Holding Company	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			60%
Domeyko Taylor LP	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			40%
	<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
N/A	

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 July 19, 2022
DATE

By Clifton Taylor
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)






220719 CA Form 409

Final Audit Report

2022-07-19

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