

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☒ Check box if an Amendment

9 / 17 / 24

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: APOLENA LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: STEPHEN WATKINS	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 415-389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: FORM410@NMGOVLAW.COM
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LLC STREET ADDRESS: 1 SAINT MALO BEACH	CITY: OCEANSIDE	STATE: CA	ZIP CODE: 92054	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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NAME OF COMMITTEE: STEPHEN WATKINS & AFFILIATED ENTITIES	COMMITTEE ID: 1462033	COMMITTEE PHONE NUMBER: 415-389-6800	COMMITTEE EMAIL ADDRESS: FORM410@NMGOVLAW.COM
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COMMITTEE STREET ADDRESS: 1 SAINT MALO BEACH	CITY: OCEANSIDE	STATE: CA	ZIP CODE: 92054	COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY: SAN RAFAEL	STATE: CA	ZIP CODE: 94901
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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
ADELE H BERWANGER TRUST	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			99%
STEPHEN WATKINS	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			1%
	<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 September 10, 2025
DATE

By _____
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)