

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

4 / 27 / 26

#

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: South Cord Management, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Elliot Lewis		PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 562-370-3780	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: elliot.lewis.ceo@southcordholdings.com
LLC STREET ADDRESS: 401 Pine Ave	CITY: Long Beach	STATE: CA	ZIP CODE: 90802	LLC MAILING ADDRESS (IF DIFFERENT): CITY: STATE: ZIP CODE:
NAME OF COMMITTEE: South Cord Management LLC and Affiliated Entities	COMMITTEE ID: 1440000	COMMITTEE PHONE NUMBER: 213-452-6565	COMMITTEE EMAIL ADDRESS: pcdfilings@kaufmanlegalgroup.com	
COMMITTEE STREET ADDRESS: 445 S Figueroa St, Ste 2400	CITY: Los Angeles	STATE: CA	ZIP CODE: 90071	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 (COMPLETED MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
South Cord Holdings, LLC	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100
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3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS
South Cord Holdings, LLC	Elliot Lewis, Damian Martin, Arshad Assofi, Scott Douglas Parker,
	Margaret Gordon, Parker Family Trust, Lynden Kerry Kinsbury Trust,
	The LFJ Solo 401k Plan Trust, Stephanie Vandever, Carolyn P Artier,
	Kyle J. Shore, Eldon David Frank Jr & Marianna H Frank

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 _____
DATE

By elliot lewis
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

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