

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

12 / 10 / 25
#

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: Yroz Ranch 1416 Investors, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Angelo K. Tsakopoulos	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 916-383-2500	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: compliance@olsonremcho.com
--	--	--	--

LLC STREET ADDRESS: 7919 Folsom Blvd., Suite 300	CITY: Sacramento	STATE: CA	ZIP CODE: 95826	LLC MAILING ADDRESS (IF DIFFERENT): 555 Capitol Mall, Suite 400	CITY: Sacramento	STATE: CA	ZIP CODE: 95814
---	---------------------	--------------	--------------------	--	---------------------	--------------	--------------------

NAME OF COMMITTEE: Angelo K. Tsakopoulos and Affiliated Entities	COMMITTEE ID: 483152	COMMITTEE PHONE NUMBER: 916-383-2500	COMMITTEE EMAIL ADDRESS: compliance@olsonremcho.com
---	-------------------------	---	--

COMMITTEE STREET ADDRESS: 7919 Folsom Blvd., Suite 300	CITY: Sacramento	STATE: CA	ZIP CODE: 95826	COMMITTEE MAILING ADDRESS (IF DIFFERENT): 555 Capitol Mall, Suite 400	CITY: Sacramento	STATE: CA	ZIP CODE: 95814
---	---------------------	--------------	--------------------	--	---------------------	--------------	--------------------

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
Angelo K. Tsakopoulos Holdings, LP	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			51%
Eleni Kounalakis	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			49%
	<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 Dec 15, 2025
DATE

By Angelo K. Tsakopoulos
Angelo K. Tsakopoulos (Dec 15, 2025 15:38:33 PST)
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)