

21-310226



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

146

FILED
 Secretary of State
 State of California

JUL 30 2021

26/20/CC

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IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

Read instructions **before** completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee — \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

Willowick Community Partners, LLC

2. 12-Digit Secretary of State Entity (File) Number

2 0 2 1 1 9 6 1 0 0 9 4

3. State, Foreign Country or Place of Organization (only if formed outside of California)
 Delaware

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box
 3121 Michelson Drive, Suite 150

City (no abbreviations)
 Irvine

State
 CA

Zip Code
 92612

b. Mailing Address of LLC, if different than Item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box
 3121 Michelson Drive, Suite 150

City (no abbreviations)
 Irvine

State
 CA

Zip Code
 92612

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b

Middle Name

Last Name

Suffix

b. Entity Name - Do not complete Item 5a
 City Ventures Holdings, LLC

c. Address
 3121 Michelson Drive, Suite 150

City (no abbreviations)
 Irvine

State
 CA

Zip Code
 92612

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

City (no abbreviations)

State
 CA

Zip Code

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b
 Cogency Global Inc. (C 2003899)

7. Type of Business

Describe the type of business or services of the Limited Liability Company
 Real Estate Investment

8. Chief Executive Officer, if elected or appointed

a. First Name
 R.

Middle Name
 Mark

Last Name
 Buckland

Suffix

b. Address
 3121 Michelson Drive, Suite 150

City (no abbreviations)
 Irvine

State
 CA

Zip Code
 92612

9. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

7/9/2021
 Date

Scott Homan
 Type or Print Name of Person Completing the Form

CFO
 Title

Signature