



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

LLC-12

149

**FILED**  
 Secretary of State  
 State of California

DEC 10 2021

**IMPORTANT — 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

**This Space For Office Use Only****1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

WARD-KOE-4, LLC

**2. 12-Digit Secretary of State File Number**

202116210481

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

DELEWARE

**4. Business Addresses**

<b>a. Street Address of Principal Office - Do not list a P.O. Box</b> 4 WHITE CLIFF	City (no abbreviations) LAGUNA NIGUEL	State CA	Zip Code 92677
<b>b. Mailing Address of LLC, if different than item 4a</b> 4 WHITE CLIFF	City (no abbreviations) LAGUNA NIGUEL	State CA	Zip Code 92677
<b>c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box</b> 4 WHITE CLIFF	City (no abbreviations) LAGUNA NIGUEL	State CA	Zip Code 92677

**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 addresses on Form LLC-12A (see instructions).

<b>a. First Name, if an individual - Do not complete item 5b</b> MELISSA	<b>Middle Name</b> L.	<b>Last Name</b> WARD-KOEHRER	<b>Suffix</b>
<b>b. Entity Name - Do not complete item 5a</b>			
<b>c. Address</b> 4 WHITE CLIFF	City (no abbreviations) LAGUNA NIGUEL	State CA	Zip Code 92677

**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.

<b>a. California Agent's First Name (if agent is not a corporation)</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box</b>	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**

NATIONAL REGISTERED AGENTS, INC.

(C1941323)

**7. Type of Business****a. Describe the type of business or services of the Limited Liability Company**

REAL ESTATE

**8. Chief Executive Officer, if elected or appointed**

<b>a. First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>b. Address</b>	City (no abbreviations)	State	Zip Code

**9. The information contained herein, including any attachments, is true and correct.**

12/3/2021

Date

MELISSA L. WARD-KOEHRER

Type or Print Name of Person Completing the Form

MANAGER

Title

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip: