



# DISCLOSURE FORM

(Form 3 of 5)



Project Title: **Pullman Phase II**

(Include site address)

Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.

Individuals: Identify all individuals

Partnerships: Identify all general and limited partners

Corporations: Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed.

LLCs: Identify all members, managers, partners, officers and directors.

Trusts: Identify all trustees and beneficiaries.

Option Holders: Identify all holders of options on the real property.

Full Name:	Address:
Loren Brueggemann	30 Meyers Ct. Novato, CA 94947
Jack McGrory	1298 Prospect St. Suite 2A La Jolla, CA 92037
Steven Faber, Midland Real Estate	5353 Maple Ridge Ct. Minnetonka, MN 55343
Pullman Lofts First Phase LLC	30 Meyers Ct Novato, CA 94947

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
Sandis Engineers (civil engineer)	1700 South Winchester Blvd #200 Cambell CA 95008
BKV Architects	1412 Main St. Suite 700 Dallas, TX 95202
Innovative (structural engineer)	311 Judah St. #110 Roseville, CA 95678
Cinquini & Passarino (survey)	1360 North Dutton Ave #150 Santa Rosa, CA 95401

**RECEIVED**

By Andrew Trippel at 12:17 pm, Dec 29, 2021

Additional names and addresses attached: ☐ Yes ☒ No

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.

I certify that the above information is true and correct:

  
Applicant

11/15/2021  
Date



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

**LLC-12**

21-C70668

**FILED**

In the office of the Secretary of State  
of the State of California

MAY 26, 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](#).)

PULLMAN LOFTS FIRST PHASE LLC

**2. 12-Digit Secretary of State File Number**  
202019910695

**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 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947
b. Mailing Address of LLC, if different than item 4a 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947

**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](#)).

a. First Name, if an individual - Do not complete Item 5b Loren	Middle Name	Last Name Brueggemann	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947

**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 <b>not</b> a corporation) Michelle	Middle Name	Last Name Olson	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947

**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

**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**

a. First Name Loren	Middle Name	Last Name Brueggemann	Suffix
b. Address 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947

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

05/26/2021

Michelle Olson

Vice President

Date

Type or Print Name of Person Completing the Form

Title

Signature

**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: [ ]



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

**LLC-12**

20-E20024

**FILED**

In the office of the Secretary of State  
of the State of California

OCT 16, 2020

**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](#).)

PULLMAN LOFTS FIRST PHASE LLC

**2. 12-Digit Secretary of State File Number**  
202019910695

**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 1620 Olivet Road	City (no abbreviations) Santa Rosa	State CA	Zip Code 95401
b. Mailing Address of LLC, if different than item 4a 1620 Olivet Road	City (no abbreviations) Santa Rosa	State CA	Zip Code 95401
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1620 Olivet Road	City (no abbreviations) Santa Rosa	State CA	Zip Code 95401

**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](#)).

a. First Name, if an individual - Do not complete Item 5b Loren	Middle Name	Last Name Brueggemann	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1620 Olivet Road	City (no abbreviations) Santa Rosa	State CA	Zip Code 95401

**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 <b>not</b> a corporation) Loren	Middle Name	Last Name Brueggemann	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 1620 Olivet Road	City (no abbreviations) Santa Rosa	State CA	Zip Code 95401

**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
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**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
Real Estate Rentals/Leasing

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

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

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

10/16/2020

Date

Holly Holleran

Type or Print Name of Person Completing the Form

Development Project Administrator

Title

Signature

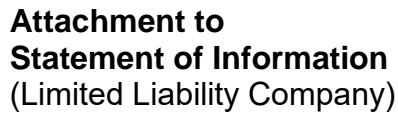
**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]



## 20-E20024

PULLMAN LOFTS FIRST PHASE LLC

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202019910695

DELAWARE

[illegible]

**Secretary of State**

LLC-5

**Application to Register a Foreign Limited Liability Company (LLC)**

202019910695

**FILED**  
Secretary of State  
State of California

JUL 16 2020

**IMPORTANT — Read Instructions before completing this form.**

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

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**1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

Pullman Lofts First Phase LLC

**1b. California Alternate Name, if Required** (See Instructions – Only enter an alternate name if the LLC name in 1a not available in California.)**2. LLC History** (See Instructions – Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)

7 / 9 / 2020

b. Jurisdiction (State, foreign country or place where this LLC is formed.)

Delaware

c. Authority Statement (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

**3. Business Addresses** (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Street Address of Principal Executive Office - Do not enter a P.O. Box

1620 Olivet Road

City (no abbreviations)

Santa Rosa

State

CA

Zip Code

95401

b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box

1620 Olivet Road

City (no abbreviations)

Santa Rosa

State

CA

Zip Code

95401

c. Mailing Address of Principal Executive Office, if different than Item 3a

City (no abbreviations)

State

Zip Code

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

INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full name and California street address.

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

Loren

Middle Name

Last Name

Brueggemann

Suffix

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

1620 Olivet Road

City (no abbreviations)

Santa Rosa

State

CA

Zip Code

95401

CORPORATION – Complete Item 4c 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 4a or 4b

**5. Read and Sign Below** (See Instructions. Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Signature

Robert K. Edmunds

Type or Print Name

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PULLMAN LOFTS FIRST PHASE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PULLMAN LOFTS FIRST PHASE LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



3218520 8300

SR# 20206242304

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203287160

Date: 07-15-20

202019910695