

**Limited Liability Company (LLC)  
Statement of Members**

(Government Code Section 84109)

Type or Print in Ink.

**Amendment**☐ Check box if an Amendment

# 8 / 1 / 2025

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: SPH Placements, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: David George Hanna	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 770-861-5400	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: david.hanna@atlanticus.com
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LLC STREET ADDRESS: 5 Concourse Parkway	CITY: Atlanta	STATE: GA	ZIP CODE: 30328	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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NAME OF COMMITTEE: SPH Placements, LLC	COMMITTEE ID: N/A	COMMITTEE PHONE NUMBER: 770-861-5400	COMMITTEE EMAIL ADDRESS: david.hanna@atlanticus.com
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COMMITTEE STREET ADDRESS: 5 Concourse Parkway	CITY: Atlanta	STATE: GA	ZIP CODE: 30328	COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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**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
Savannah Port DSJV, LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
	<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			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

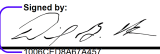
**3. Names of Member LLCs Listed in Part 2**

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS
Savannah Port DSJV, LLC	DKH Capital, LLC, Steven Richard Brock, J.Paul Whitehead, Rainbow Trust Two

**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 09/11/2025  
DATE

By   
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)