

Filed
Secretary of State
State of Washington
Date Filed: 06/18/2024
Effective Date: 06/18/2024
UBI #: 604 012 704

EXPRESS ANNUAL REPORT WITHOUT CHANGES

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Business Name:

PRCP-EVERETT, LLC

UBI Number: **604 012 704**

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

10455 RIVERSIDE DR STE 200, PALM BCH GDNS, FL, 33410-4332, UNITED STATES

Principal Office Mailing Address:

10455 RIVERSIDE DR, SUITE 200, PALM BCH GDNS, FL, 33410-4332, UNITED STATES

Expiration Date:

07/31/2025

Jurisdiction:

UNITED STATES, FLORIDA

Formation/Registration Date:

07/01/2016

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

MULTI-FAMILY RESIDENTIAL HOUSING

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

C T CORPORATION 711 CAPITOL WAY S STE 204, OLYMPIA, WA, 711 CAPITOL WAY S STE 204, OLYMPIA, WA,

SYSTEM 98501-1267, UNITED STATES 98501-1267, UNITED STATES

GOVERNORS

TitleTypeEntity NameFirst NameLast NameGOVERNORINDIVIDUALDAVIDKHOURYGOVERNORINDIVIDUALGEORGEBANKS

CONTROLLING INTEREST

- 1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
- Yes
- 2. In the past 12 months, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?
- a. If "Yes", in the past 36 months, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?
- 3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?
- No

You must submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on Controlling Interest, visit www.dor.wa.gov/REET.

CONFIRMATION EMAIL ADDRESS

Note: Please enter in the email address you would like confirmation sent of this annual report and payment receipt.

Email Address:

DJOHNSON@PRCMLLC.COM

AUTHORIZED PERSON

Person Type:

INDIVIDUAL

First Name:

DAVID

Last Name:

KHOURY

Title:

AUTHORIIZED SIGNER

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.