

Filed
Secretary of State
State of Washington
Date Filed: 04/04/2024
Effective Date: 04/04/2024
UBI #: 604 910 701

Annual Report

BUSINESS INFORMATION

Business Name:

OLIN FIELDS OWNER LLC

UBI Number: **604 910 701**

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status: **ACTIVE**

Principal Office Street Address:

50 CALIFORNIA STREET, SUITE 3000, SAN FRANCISCO, CA, 94111, UNITED STATES

Principal Office Mailing Address:

50 CALIFORNIA STREET, SUITE 3000, SAN FRANCISCO, CA, 94111

Expiration Date: **04/30/2025**

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

04/22/2022

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE INVESTMENT

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

PRINCIPAL OFFICE

Phone:

877-888-1245

Email:

CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

Street Address:

50 CALIFORNIA STREET, SUITE 3000, SAN FRANCISCO, CA, 94111, USA

Mailing Address:

50 CALIFORNIA STREET, SUITE 3000, SAN FRANCISCO, CA, 94111, USA

GC			

Title	Type	Entity Name	First Name	Last Name			
GOVERNOR	ENTITY	OLIN FIELDS VENTURE LLC					
NATURE OF BUSIN	ESS						
• REAL ESTAT	E INVESTMENT						
EFFECTIVE DATE							
Effective Date: 04/04/2024							
CONTROLLING INTEREST							
- Yes 2. In the past 12 mont - No a. If "Yes", in the p financial interest in the - No 3. If you answered "Yo - No You must submit a Co Failure to report a Con	ths, has there been past 36 months, he entity? es" to question 2a, ntrolling Interest 7.	a a transfer of at least 16-2/3 percent of as there been a transfer of controlling	•	interest in the entity? nership, stock, or other			
RETURN ADDRESS	FOR THIS FILI	NG					
Attention: Email: Address: UPLOAD ADDITION	AL DOCUMENT	S					
Do you have additiona	l documents to up	load? - No		_			
AUTHORIZED PERSON							
I am an authorized	person.						
Person Type: INDIVIDUAL							
First Name: JASON							
Last Name: PROFFITT							
Title:							

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