



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 01/04/2024
Effective Date: 01/04/2024
UBI #: 603 466 107

Annual Report

BUSINESS INFORMATION

Business Name:

SEASONS LYNNWOOD, LLC

UBI Number:

603 466 107

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY, 10001-2157, UNITED STATES

Principal Office Mailing Address:

10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY, 10001-2157

Expiration Date:

01/31/2025

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

01/09/2015

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

INSURANCE

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
CORPORATION SERVICE COMPANY	300 DESCHUTES WAY SW STE 208 MC-CSC1, TUMWATER, WA, 98501, UNITED STATES	300 DESCHUTES WAY SW STE 208 MC-CSC1, TUMWATER, WA, 98501, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

ANNUALREPORTS@CSCGLOBAL.COM

Street Address:

10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY, 10001-2157, USA

Mailing Address:

10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY, 10001-2157, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA		

NATURE OF BUSINESS

- INSURANCE

EFFECTIVE DATE

Effective Date:

01/04/2024

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?

- **No**

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?

- **No**

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.

RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? - **No**

EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

☐ I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

DIANE

Last Name:

MARINO-EILER

Title:



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