

Filed Secretary of State State of Washington Date Filed: 03/29/2024 Effective Date: 03/29/2024

UBI #: 603 602 412

Annual Report

BUSINESS INFORMATION

Business Name:

J. BRENT MCKINLEY & CONNIE K. MCKINLEY, LLC

UBI Number: **603 602 412**

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

516 N OLYMPIC AVE, ARLINGTON, WA, 98223, UNITED STATES

Principal Office Mailing Address:

PO BOX 430, ARLINGTON, WA, 98270-0430, UNITED STATES

Expiration Date:

03/31/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

03/25/2016

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL PROPERTY INVESTMENT

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

J. BRENT 516 N OLYMPIC AVE, ARLINGTON, WA, 98223-1247, PO BOX 430, ARLINGTON, WA, 98223-0430,

MCKINLEY UNITED STATES UNITED STATES

PRINCIPAL OFFICE

Phone:

3604358625

Email:

NOTIFICATIONS@VINESTREETGROUP.COM

Street Address:

516 N OLYMPIC AVE, ARLINGTON, WA, 98223, USA

Mailing Address:

PO BOX 430, ARLINGTON, WA, 98270-0430, USA

GO	VF	R٨	IO	RS

Title	Туре	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		CONNIE	MCKINLEY
NATURE OF BUSIN	ESS			
REAL PROPI	ERTY INVESTMENT			
EFFECTIVE DATE				
Effective Date: 03/29/2024				
CONTROLLING INT	EREST			
- No a. If "Yes", in the financial interest in the - No	ths, has there been a transfer of past 36 months, has there been e entity? Yes" to question 2a, has a control	a transfer of controlling intere	st (50 percent or greater) of	f the ownership, stock, or other
You must submit a Co	ontrolling Interest Transfer Retur	rn form if you answered "yes"	to questions 1 and 2a.	
Failure to report a Cor	atrolling Interest Transfer is subj	ect to penalty provisions of Re	CW 82.45.220.	
For more information	on Controlling Interest, visit w	/ww.dor.wa.gov/REET.		
RETURN ADDRESS	S FOR THIS FILING			
Attention: Email: Address:				
UPLOAD ADDITION	IAL DOCUMENTS			
Do you have additiona	al documents to upload? - No			
EMAIL OPT-IN				
By checking this l I will no longer receiv		all notifications from the Secre	tary of State for this entity	via email only. I acknowledge that
AUTHORIZED PER	SON			

I am an authorized person.

Person Type: INDIVIDUAL

Work Order #: 2024032900223608 - 2 Received Date: 03/29/2024 Amount Received: \$280.00

First Name: AMY
Last Name: DILLE
Title: ADMIN ASSISTANT This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.