

## EXPRESS ANNUAL REPORT WITHOUT CHANGES

### BUSINESS INFORMATION

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Business Name:

**COUNTRYSIDE APARTMENTS LLC**

UBI Number:

**603 474 468**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**11500 MERIDIAN AVE S # 60, EVERETT, WA, 98208, UNITED STATES**

Principal Office Mailing Address:

**11500 MERIDIAN AVE S # 60, EVERETT, WA, 98208, UNITED STATES**

Expiration Date:

**02/29/2020**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**02/02/2015**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL PROPERTY INVESTMENT**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
SHARON SCHIELKE	11500 MERIDIAN AVE S UNIT 60, EVERETT, WA, 98208-4927, UNITED STATES	19305 36TH AVE W APT 12, LYNNWOOD, WA, 98036-5736, UNITED STATES

### GOVERNORS

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Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		LAURA	TATE

## CONTROLLING INTEREST

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1. Does your company own real property (including leasehold interests) in Washington?

**YES**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* Answered "YES" to questions 2 or 3 above.

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

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

## CONFIRMATION EMAIL ADDRESS

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

Email Address:

**LANDLADYHAG@GMAIL.COM**

## EMAIL OPT-IN

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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

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Person Type:

**ENTITY**

First Name:

**SHARON**

Last Name:

**SCHIELKE**

Entity Name:

**COUNTRYSIDE APARTMENTS LLC**

Title:

**OWNER**

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