



**WASHINGTON**  
**Secretary of State**  
**Corporations & Charities Division**

Filed  
Secretary of State  
State of Washington  
Date Filed: 01/18/2023  
Effective Date: 01/18/2023  
UBI #: 603 466 107

## Annual Report

### BUSINESS INFORMATION

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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:

**01/31/2024**

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](#)

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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

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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:  
**01/18/2023**

## 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](http://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

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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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☐ I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**DIANE**

Last Name:

**MARINO-EILER**

Title:

**AUTHORIZED PERSON**

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