

Filed Secretary of State State of Washington Date Filed: 05/01/2024 Effective Date: 05/01/2024

UBI #: 601 884 977

# EXPRESS ANNUAL REPORT WITHOUT CHANGES

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**Business Name:** 

SKOTDAL PRIME PROPERTIES II, L.L.C.

UBI Number: **601 884 977** 

Business Type:

WA LIMITED LIABILITY COMPANY

**Business Status:** 

ACTIVE

Principal Office Street Address:

1604 HEWITT AVE STE 200, EVERETT, WA, 98201-3515, UNITED STATES

Principal Office Mailing Address:

**PO BOX 5267, EVERETT, WA, 98206-5267, UNITED STATES** 

Expiration Date:

06/30/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

06/25/1998

Period of Duration:

06/25/2028

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

CRAIG G 1604 HEWITT AVE STE 200, EVERETT, WA, 98201-3515, PO BOX 5267, EVERETT, WA, 98206-0000,

SKOTDAL UNITED STATES UNITED STATES

**GOVERNORS** 

TitleTypeEntity NameFirst NameLast NameGOVERNORINDIVIDUALCRAIGSKOTDAL

GOVERNOR INDIVIDUAL ANDREW SKOTDAL

#### CONTROLLING INTEREST

- 1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
- No
- 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.

#### CONFIRMATION EMAIL ADDRESS

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

Email Address:

CONNIE@SKOTDAL.COM

#### **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**

Person Type:

INDIVIDUAL

First Name:

CONNIE

Last Name:

FISHER

Title:

## ADMINISTRATION MANAGER

DMINISTRATION MANAGER

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