

## Annual Report

### BUSINESS INFORMATION

---

Business Name:

**MALOOF BROTHERS LLC**

UBI Number:

**602 848 615**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**4835 FOREST AVE SE, MERCER ISLAND, WA, 98040, USA**

Principal Office Mailing Address:

Expiration Date:

**07/31/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**07/14/2008**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

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

---

Registered Agent Name	Street Address	Mailing Address
EMMETT MALOOF	4835 FOREST AVE SE, MERCER ISLAND, WA, 98040-4601, UNITED STATES	PO BOX 425, MERCER ISLAND, WA, 98040-0425, UNITED STATES

### PRINCIPAL OFFICE

---

Phone:

**206-232-8472**

Email:

**ESMALOOF@COMCAST.NET**

Street Address:

4835 FOREST AVE SE, MERCER ISLAND, WA, 98040, USA

Mailing Address:

## GOVERNORS

---

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JAMES	MALOOF
GOVERNOR	INDIVIDUAL		EMMETT	MALOOF
GOVERNOR	INDIVIDUAL		ANDREW	MALOOF

## NATURE OF BUSINESS

---

PROPERTY MANAGEMENT

## EFFECTIVE DATE

---

Effective Date:

07/23/2018

## CONTROLLING INTEREST

---

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

**YES**

1. 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**

2. 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**

3. Unanswered, or Blank?

**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**

\* You answered "YES" to question 1 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)

Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034

For assistance or to request this document in an alternate format, visit [business.wa.gov/BLS](http://business.wa.gov/BLS) or call 360-705-6744. Teletype users may call 711.

Fax 360-705-6699

## 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:

**EMMETT**

Last Name:

**MALOOF**

Title:

**MANAGING PRINCIPAL**

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