

Filed Secretary of State State of Washington Date Filed: 08/01/2024 Effective Date: 08/01/2024

UBI #: 601 815 491

## **Annual Report**

## **BUSINESS INFORMATION**

**Business Name:** 

LAGO DE PLATA VILLA L.L.C.

UBI Number: **601 815 491** 

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

7426 SE 27TH ST, SUITE 100, MERCER ISLAND, WA, 98040-2789, UNITED STATES

Principal Office Mailing Address:

Expiration Date:

09/30/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

09/04/1997

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

H&F SERVICES, INC. 1 TACOMA AVE N STE 300, TACOMA, WA, 98403, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

ADMIN@DETENTEMGMT.COM

Street Address:

7426 SE 27TH ST, SUITE 100, MERCER ISLAND, WA, 98040-2789, USA

Work Order #: 2024080100520780 - 2 Received Date: 08/01/2024 Amount Received: \$350.00

Mailing Address:					
GOVERNORS					
Title	Туре	Entity Name	First Name	Last Name	
GOVERNOR	INDIVIDUAL		J STEVE	HARER	
NATURE OF BUSINE	ESS				
REAL PROPE	RTY INVESTMENT				
EFFECTIVE DATE					
Effective Date: 08/01/2024					
CONTROLLING INTE	EREST				
- No a. If "Yes", in the p financial interest in the - No 3. If you answered "Ye - No You must submit a Cor Failure to report a Cont	hs, has there been a transfer of a ast 36 months, has there been a entity?  s" to question 2a, has a controll atrolling Interest Transfer Return rolling Interest Transfer is subject to Controlling Interest, visit was	a transfer of controlling interesting interest transfer return been a form if you answered "yes" to to penalty provisions of RC	t (50 percent or greater) of the filed with the Department of the questions 1 and 2a.	he ownership, stock, or other	
RETURN ADDRESS	FOR THIS FILING				
Attention: Email: Address:					
UPLOAD ADDITIONA					
Do you have additional	documents to upload? - No				
EMAIL OPT-IN					
I will no longer receive	paper notifications.	ll notifications from the Secret	ary of State for this entity vi	a email only. I acknowledge tha	
AUTHORIZED PERS	ON				

I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

SAM

Last Name:

CHUNG

Title:

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

This document is a public record. For more information visit www.sos.wa.gov/corps

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