



Filed
Secretary of State
State of Washington
Date Filed: 06/30/2021
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UBI #: 602 044 829

EXPRESS ANNUAL REPORT WITHOUT CHANGES

BUSINESS INFORMATION

Business Name:

MAPLE COURT 2000, LLC

UBI Number:

602 044 829

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

2320 HEWITT AVE, EVERETT, WA, 98201-3706, UNITED STATES

Principal Office Mailing Address:

PO BOX 810, EVERETT, WA, 98206-0810, UNITED STATES

Expiration Date:

06/30/2022

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

06/12/2000

Period of Duration:

06/12/2050

Inactive Date:

Nature of Business:

REAL PROPERTY INVESTMENT, APARTMENT RENTAL LEASING

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
H O SEIFFERT COMPANY	2320 HEWITT AVE, EVERETT, WA, 98201-3706, UNITED STATES	PO BOX 810, EVERETT, WA, 98206-0000, UNITED STATES

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL			THE H O SEIFFERT CO

CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

NO

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16⅔ percent interest in the entity?

NO

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

NO

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

NO

You must report a [Controlling Interest Transfer Return](#) **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:

SHIRLEY@HOSEIFFERT.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:

SHIRLEY

Last Name:

FOSSE

Title:

ADMINISTRATIVE CONTROLLER

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