



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

Filed  
Secretary of State  
State of Washington  
Date Filed: 06/28/2024  
Effective Date: 06/28/2024  
UBI #: 604 136 060

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**SV LATIGO PARTNERS, LLC**

UBI Number:

**604 136 060**

Business Type:

**FOREIGN LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**433 SPREADING OAK DR, SCOTTS VALLEY, CA, 95066-4610**

Principal Office Mailing Address:

Expiration Date:

**06/30/2025**

Jurisdiction:

**UNITED STATES, DELAWARE**

Formation/Registration Date:

**06/15/2017**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL PROPERTY INVESTMENT**

REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
FIKSO KRETSCHMER SMITH DIXON ORMSETH PS	901 5TH AVE STE 4000, SEATTLE, WA, 98164-2004, UNITED STATES	

### PRINCIPAL OFFICE

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Phone:

Email:

**REGISTEREDAGENT@FKSDO.COM**

Street Address:

**433 SPREADING OAK DR, SCOTTS VALLEY, CA, 95066-4610, USA**

Mailing Address:

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	SV LATIGO PARTNERS, A CALIFORNIA LIMITED PARTNERSHIP		

## NATURE OF BUSINESS

- REAL PROPERTY INVESTMENT

## EFFECTIVE DATE

Effective Date:

**06/28/2024**

## 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

☐ 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:

**ENTITY**

First Name:

**SCOTT**

Last Name:

**LAUNIUS**

Entity Name:

**FIKSO KRETSCHMER SMITH DIXON ORMSETH PS**

Title:

**REGISTERED AGENT**



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