



Filed  
Secretary of State  
State of Washington  
Date Filed: 05/30/2018  
Effective Date: 05/30/2018  
UBI #: 604 048 482

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**OUTSTANDING CREEKSIDE LLC**

UBI Number:

**604 048 482**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**21802 STATE ROUTE 9 SE, WOODINVILLE, WA, 98072-9767, USA**

Principal Office Mailing Address:

**21802 STATE ROUTE 9 SE, WOODINVILLE, WA, 98072-9767, USA**

Expiration Date:

**10/31/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**10/13/2016**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

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

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Registered Agent Name	Street Address	Mailing Address
NATHAN CLARENBURG	21802 SR 9 SE, WOODINVILLE, WA, 98072-0000, UNITED STATES	

### PRINCIPAL OFFICE

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Phone:

Email:

**RENTALS@SEATTLENATE.COM**

Street Address:

**21802 STATE ROUTE 9 SE, WOODINVILLE, WA, 98072-9767, USA**

Mailing Address:

**21802 STATE ROUTE 9 SE, WOODINVILLE, WA, 98072-9767, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		NATHAN	CLARENBURG

## NATURE OF BUSINESS

☐ ANY LAWFUL PURPOSE

## EFFECTIVE DATE

Effective Date:

**05/30/2018**

## CONTROLLING INTEREST

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

**NO**

## 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:

**NATHAN**

Last Name:

**CLARENBURG**

Title:

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