



Filed  
Secretary of State  
State of Washington  
Date Filed: 12/01/2018  
Effective Date: 12/01/2018  
UBI #: 604 211 479

## EXPRESS ANNUAL REPORT WITH CHANGES

### BUSINESS INFORMATION

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Business Name:

**5DOUGLAS, LLC**

UBI Number:

**604 211 479**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**8812 OVERLAKE DR W, MEDINA, WA, 98039-5348, UNITED STATES**

Principal Office Mailing Address:

**8812 OVERLAKE DR W, MEDINA, WA, 98039-5348, UNITED STATES**

Expiration Date:

**01/31/2020**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**01/18/2018**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**ANY LAWFUL PURPOSE, REAL PROPERTY INVESTMENT**

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

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Registered Agent Name	Street Address	Mailing Address
5DOUGLAS, LLC	8812 OVERLAKE DR W, MEDINA, WA, 98039-5348, UNITED STATES	8812 OVERLAKE DR W, MEDINA, WA, 98039-5348, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

**425-289-8252**

Email:

DOYLEDOUGLAS@COMCAST.NET

Street Address:

8812 OVERLAKE DR W, MEDINA, WA, 98039-5348, USA

Mailing Address:

8812 OVERLAKE DR W, MEDINA, WA, 98039-5348, USA

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		DOYLE	DOUGLAS

## NATURE OF BUSINESS

- ANY LAWFUL PURPOSE
- REAL PROPERTY INVESTMENT

## EFFECTIVE DATE

Effective Date:

12/01/2018

## CONTROLLING INTEREST

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

**YES**

2. 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**

3. 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**

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**

\* Answered "YES" to questions 2 or 3 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)

## RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

## 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:

**DOYLE**

Last Name:

**DOUGLAS**

Title:

**MANAGING MEMBER**

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