



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

Filed  
Secretary of State  
State of Washington  
Date Filed: 05/06/2023  
Effective Date: 05/06/2023  
UBI #: 602 830 099

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**TERRACE HEIGHTS GARDEN, LLC**

UBI Number:

**602 830 099**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**4957 LAKEMONT BLVD SE, STE C4 #173, BELLEVUE, WA, 98006-7801, UNITED STATES**

Principal Office Mailing Address:

**4957 LAKEMONT BLVD SE, STE C4 #173, BELLEVUE, WA, 98006-7801, UNITED STATES**

Expiration Date:

**05/31/2024**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**05/07/2008**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL ESTATE**

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

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Registered Agent Name	Street Address	Mailing Address
AJIT SUKESAN	4957 LAKEMONT BLVD SE # 173, STE C4 #173, BELLEVUE, WA, 98006-7801, UNITED STATES	4957 LAKEMONT BLVD SE # 173, STE C4 #173, BELLEVUE, WA, 98006-7801, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

**2069484321**

Email:

**AJITSPROP@GMAIL.COM**

Street Address:

**4957 LAKEMONT BLVD SE, STE C4 #173, BELLEVUE, WA, 98006-7801, USA**

Mailing Address:

**4957 LAKEMONT BLVD SE, STE C4 #173, BELLEVUE, WA, 98006-7801, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		AJIT	SUKESAN

## NATURE OF BUSINESS

REAL ESTATE

## EFFECTIVE DATE

Effective Date:

**05/06/2023**

## 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**

## AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:  
**INDIVIDUAL**

First Name:  
**AJIT**

Last Name:  
**SUKESAN**

Title:  
**MANAGER**

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