

Filed
Secretary of State
State of Washington
Date Filed: 04/16/2024
Effective Date: 04/16/2024
UBI #: 605 191 696

EXPRESS ANNUAL REPORT WITH CHANGES

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Business Name:

ATLANTIC 48 LLC

UBI Number: **605 191 696**

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

14989 SKOGEN LN NE, BAINBRIDGE ISLAND, WA, 98110-1020, UNITED STATES

Principal Office Mailing Address:

Expiration Date:

04/30/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

04/15/2023

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

HOLDING COMPANY

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

RANDOLPH 14989 SKOGEN LN NE, BAINBRIDGE IS, WA, 98110- 14989 SKOGEN LN NE, BAINBRIDGE IS, WA, 98110-

MATHER 1020, UNITED STATES 1020, UNITED STATES

PRINCIPAL OFFICE

Phone:

206-459-0176

Email:

RANDY.MATHER@GMAIL.COM

Street Address:

14989 SKOGEN LN NE, BAINBRIDGE ISLAND, WA, 98110-1020, USA

Mailing Address:

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		RANDOLPH	MATHER

NATURE OF BUSINESS

• HOLDING COMPANY

EFFECTIVE DATE

Effective Date: 04/16/2024

CONTROLLING INTEREST

- 1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
- No
- 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.

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:

RANDY

Last Name:

MATHER

Title:

MANAGER

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

Work Order #: 2024041600269892 - 1 Received Date: 04/16/2024 Amount Received: \$70.00