

Filed Secretary of State State of Washington Date Filed: 08/15/2024 Effective Date: 08/15/2024

UBI #: 604 982 466

Annual Report

BUSINESS INFORMATION

Business Name:

415 MARTHA LAKE VILLA MHC, LLC

UBI Number: **604 982 466**

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

415 LAKEVIEW RD, LYNNWOOD, WA, 98087, UNITED STATES

Principal Office Mailing Address:

415 LAKEVIEW RD, LYNNWOOD, WA, 98087, UNITED STATES

Expiration Date:

10/31/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

10/28/2022

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE HOLDING/INVESTMENT

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

C T CORPORATION 711 CAPITOL WAY S STE 204, OLYMPIA, WA, 711 CAPITOL WAY S STE 204, OLYMPIA, WA,

SYSTEM 98501-1267, UNITED STATES 98501-1267, UNITED STATES

PRINCIPAL OFFICE

Phone:

877-888-1245

Email:

CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

Street Address: 415 LAKEVIEW RD, LYNNWOOD, WA, 98087, USA Mailing Address: 415 LAKEVIEW RD, LYNNWOOD, WA, 98087, USA **GOVERNORS** Title **Entity Name** First Name **Last Name** Type **GOVERNOR** ENTITY GSC INVESTMENTS, LLC NATURE OF BUSINESS • REAL ESTATE HOLDING/INVESTMENT **EFFECTIVE DATE** Effective Date: 08/15/2024 CONTROLLING INTEREST 1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements? 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: **UPLOAD ADDITIONAL DOCUMENTS** Do you have additional documents to upload? - No **EMAIL OPT-IN**

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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:

KIMBERLY

Last Name: STEINMETZ

Title:

POWER OF ATTORNEY

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

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2024081500552062 - 1 Received Date: 08/15/2024 Amount Received: \$70.00