



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 02/02/2024
Effective Date: 02/02/2024
UBI #: 603 490 103

EXPRESS ANNUAL REPORT WITHOUT CHANGES

BUSINESS INFORMATION

Business Name:

FALLS CROSSING LLC

UBI Number:

603 490 103

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

3322 164TH ST SW, LYNNWOOD, WA, 98087, UNITED STATES

Principal Office Mailing Address:

3322 164TH ST SW, LYNNWOOD, WA, 98087, UNITED STATES

Expiration Date:

03/31/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

03/23/2015

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL PROPERTY INVESTMENT

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
JOHN HAUGHNEY	3322 164TH ST SW, LYNNWOOD, WA, 98087-0000, UNITED STATES	3322 164TH ST SW, LYNNWOOD, WA, 98087-0000, UNITED STATES

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JOHN	HAUGHNEY

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.

CONFIRMATION EMAIL ADDRESS

Note: Please enter in the email address you would like confirmation sent of this annual report and payment receipt.

Email Address:

JOHNH@HAUGHNEY.COM

AUTHORIZED PERSON

Person Type:

INDIVIDUAL

First Name:

JOHN

Last Name:

HAUGHNEY

Title:

MANAGER

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