

Filed
Secretary of State
State of Washington
Date Filed: 09/17/2021
Effective Date: 09/17/2021
UBI #: 603 551 700

Annual Report

BUSINESS INFORMATION

Business Name:

CSH HARBOUR POINTE, LLC

UBI Number: **603 551 700**

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

1275 PENNSYLVANIA AVE, NW, SECOND FLOOR, WASHINGTON, DC, 20004, UNITED STATES

Principal Office Mailing Address:

1275 PENNSYLVANIA AVE, NW, SECOND FLOOR, WASHINGTON, DC, 20004

Expiration Date:

10/31/2022

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

10/16/2015

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

OTHER SERVICES, SENIOR HOUSING

REGISTERED AGENT RCW 23.95.410

Registered Agent
Name
Street Address
Mailing Address

C T CORPORATION 711 CAPITOL WAY S STE 204, OLYMPIA, 711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501-1267, UNITED STATES WA, 98501-1267, UNITED STATES

PRINCIPAL OFFICE

Phone:

8778583855

Email:

Amount Received: \$60.00

CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

Street Address:

1275 PENNSYLVANIA AVE, NW, SECOND FLOOR, WASHINGTON, DC, 20004, USA

Mailing Address:

1275 PENNSYLVANIA AVE, NW, SECOND FLOOR, WASHINGTON, DC, 20004, USA

GOVERNORS

Title Type Entity Name First Name Last Name

GOVERNOR ENTITY CSH PROGRAM REIT III INC.

NATURE OF BUSINESS

- OTHER SERVICES
- SENIOR HOUSING

EFFECTIVE DATE

Effective Date:

09/17/2021

CONTROLLING INTEREST

- 1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington? **NO**
- 2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16? percent interest in the entity?

NO

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

NO

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity? **NO**

You must report a Controlling Interest Transfer Return 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 <u>www.dor.wa.gov/REET</u>.

RETURN ADDRESS FOR THIS FILING

Attention:

KELLY LETTMANN

Email:

CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

Address:

120 SOUTH CENTRAL AVENUE, SUITE 400, CLAYTON, MO, 63105, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

Work Order #: 2021091700551143 - 1
Received Date: 09/17/2021
Amount Received: \$60.00

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
☐ I am an authorized person.
Person Type: INDIVIDUAL
First Name: KELLY
Last Name: LETTMANN
Title: OTHER ☐ 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

Amount Received: \$60.00