

Filed
Secretary of State
State of Washington
Date Filed: 03/12/2018
Effective Date: 03/12/2018

UBI #: 602 902 601

Annual Report

BUSINESS INFORMATION

Business Name:

CITY OF EVERETT CDE LLC

UBI Number: **602 902 601**

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

2930 WETMORE AVE STE 1A, EVERETT, WA, 98201, USA

Principal Office Mailing Address:

2930 WETMORE AVE STE 1A, EVERETT, WA, 98201, USA

Expiration Date: **02/28/2019**

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

02/26/2009

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

SHARON FULLER CITY 2930 WETMORE AVE STE 1A, EVERETT, WA, 98201-0000, UNITED

CLERK STATES

PRINCIPAL OFFICE

Phone:

452-257-8739

Email:

TRELANA.NANCE@TWAINFINANCIAL.COM

Street Address:

2930 WETMORE AVE STE 1A, EVERETT, WA, 98201, USA

Mailing Address:

2930 WETMORE AVE STE 1A, EVERETT, WA, 98201, USA

GOVERNORS

Title Type Entity Name First Name Last Name

GOVERNOR INDIVIDUAL CITY OF EVERETT

NATURE OF BUSINESS

- OTHER SERVICES
- GOVERNING PEOPLE

EFFECTIVE DATE

Effective Date:

03/12/2018

CONTROLLING INTEREST

Does your company own real property (including leasehold interests) in Washington?

NO

RETURN ADDRESS FOR THIS FILING

Attention:

SHARON FULLER

Email:

Address:

2930 WETMORE AVE STE 1A, EVERETT, WA, 98201-4067, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? No

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:

TRELANA

Last Name:

NANCE

Title:

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