



Filed  
Secretary of State  
State of Washington  
Date Filed: 10/24/2018  
Effective Date: 10/24/2018  
UBI #: 602 965 599

## EXPRESS ANNUAL REPORT WITH CHANGES

### BUSINESS INFORMATION

---

Business Name:

**THE WOODLYNN LLC**

UBI Number:

**602 965 599**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**19611 ALDERWOOD MALL PKWY, LYNNWOOD, WA, 98036, UNITED STATES**

Principal Office Mailing Address:

**19611 ALDERWOOD MALL PKWY, LYNNWOOD, WA, 98036, UNITED STATES**

Expiration Date:

**10/31/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**10/28/2009**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL ESTATE**

### REGISTERED AGENT [RCW 23.95.410](#)

---

Registered Agent Name	Street Address	Mailing Address
DAVID ECKBERG	701 PIKE ST STE 1400, SEATTLE, WA, 98101-3927, UNITED STATES	

### PRINCIPAL OFFICE

---

Phone:

**206-660-0700**

Email:

**TED\_LAVIGNE@MSN.COM**

Street Address:

19611 ALDERWOOD MALL PKWY, LYNNWOOD, WA, 98036, USA

Mailing Address:

19611 ALDERWOOD MALL PKWY, LYNNWOOD, WA, 98036, USA

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		THEODORE	LAVIGNE IV
GOVERNOR	INDIVIDUAL		THEODORE P	LAVIGNE
GOVERNOR	INDIVIDUAL		MICHAEL	LAVIGNE

## NATURE OF BUSINESS

REAL ESTATE

## EFFECTIVE DATE

Effective Date:

10/24/2018

## CONTROLLING INTEREST

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

**YES**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

## RETURN ADDRESS FOR THIS FILING

Attention:

**DAVID ECKBERG**

Email:

**DECKBERG@BPMLAW.COM**

Address:

**701 PIKE ST STE 1400, SEATTLE, WA, 98101-3927, USA**

## 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:

**ENTITY**

First Name:

**THEODORE**

Last Name:

**LAVIGNE**

Entity Name:

**THE WOODLYNN LLC**

Title:

**OWNER**

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