

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**SV LATIGO PARTNERS, LLC**

UBI Number:

**604 136 060**

Business Type:

**FOREIGN LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**433 SPREADING OAK DR, SCOTTS VALLEY, CA, 95066-4610**

Principal Office Mailing Address:

Expiration Date:

**06/30/2021**

Jurisdiction:

**UNITED STATES, DELAWARE**

Formation/Registration Date:

**06/15/2017**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL PROPERTY INVESTMENT**

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

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| Registered Agent Name                      | Street Address  | Mailing Address |
|--|---|-----------------|
| FIKSO KRETSCHMER SMITH DIXON<br>ORMSETH PS | 901 5TH AVE STE 4000, SEATTLE, WA, 98164-2004,<br>UNITED STATES |                 |

### PRINCIPAL OFFICE

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Phone:

Email:

**REGISTEREDAGENT@FKSDO.COM**

Street Address:

433 SPREADING OAK DR, SCOTTS VALLEY, CA, 95066-4610, USA

Mailing Address:

## GOVERNORS

| Title    | Type   | Entity Name  | First Name | Last Name |
|----------|--------|--|------------|-----------|
| GOVERNOR | ENTITY | SV LATIGO PARTNERS, A CALIFORNIA LIMITED PARTNERSHIP |            |           |

## NATURE OF BUSINESS

REAL PROPERTY INVESTMENT

## EFFECTIVE DATE

Effective Date:

06/15/2020

## CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

YES

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 [www.dor.wa.gov/REET](http://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

☐ 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

This document is a public record. For more information visit [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

Work Order #: 2020061500321471 - 3

Received Date: 06/15/2020

Amount Received: \$300.00

☒ I am an authorized person.

Person Type:

**ENTITY**

First Name:

**TINA**

Last Name:

**LIEU**

Entity Name:

**FIKSO KRETSCHMER SMITH DIXON ORMSETH PS**

Title:

**PARALEGAL**

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