

Filed Secretary of State State of Washington Date Filed: 02/12/2024 Effective Date: 02/12/2024

UBI #: 602 377 205

Annual Report

BUSINESS INFORMATION

Business Name:

ALDERWOOD LAND COMPANY LLC

UBI Number: **602 377 205**

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status: **ACTIVE**

Principal Office Street Address:

16304 BROADWAY AVE, SNOHOMISH, WA, 98296-7032, UNITED STATES

Principal Office Mailing Address:

16304 BROADWAY AVE, SNOHOMISH, WA, 98296-7032, UNITED STATES

Expiration Date: **03/31/2025**

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

03/30/2004

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

CONSTRUCTION, REAL PROPERTY INVESTMENT

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

MATT ECHELBARGER 16304 BROADWAY AVE, SNOHOMISH, WA, 98296-0000, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

BILLINGMEBCO@COMCAST.NET

Street Address:

16304 BROADWAY AVE, SNOHOMISH, WA, 98296-7032, USA

Mailing Address:

16304 BROADWAY AVE, SNOHOMISH, WA, 98296-7032, USA

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GOVERNORS				
Title	Туре	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		PATRICK	ECHELBARGER
GOVERNOR	INDIVIDUAL		MATT	ECHELBARGER
NATURE OF BUSIN	NESS			
CONSTRUCREAL PROP	TION ERTY INVESTMENT			
EFFECTIVE DATE				
Effective Date: 02/12/2024				
CONTROLLING IN	TEREST			
- No 2. In the past 12 mor - No a. If "Yes", in the financial interest in th - No 3. If you answered "Y - No You must submit a Co	past 36 months, has there be nee entity? Yes" to question 2a, has a controlling Interest Transfer Rentrolling Interest Transfer is s	of at least 16-2/3 percent of een a transfer of controlling in trolling interest transfer return eturn form if you answered "you	the ownership, stock, or onterest (50 percent or greater been filed with the Depuyes" to questions 1 and 2	other financial interest in the entity? ater) of the ownership, stock, or other artment of Revenue?
For more information	on Controlling Interest, visi	t <u>www.dor.wa.gov/REET.</u>		
RETURN ADDRES	S FOR THIS FILING			
Attention: Email: Address:				
UPLOAD ADDITION	NAL DOCUMENTS			
Do you have addition	al documents to upload? - No			
EMAIL OPT-IN				
By checking this I will no longer receive		ng all notifications from the S	Secretary of State for this	entity via email only. I acknowledge that
AUTHORIZED PER	RSON			
I am an authorize	ed person.			
Person Type: INDIVIDUAL				

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Work Order #: 2024021200114891 - 3 Received Date: 02/12/2024 Amount Received: \$160.00 First Name: SHELBY

Last Name:

E ECHELBARGER

Title:

OFFICE MANAGER

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

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Work Order #: 2024021200114891 - 3 Received Date: 02/12/2024 Amount Received: \$160.00