

Filed Secretary of State State of Washington Date Filed: 02/26/2024 Effective Date: 02/26/2024

UBI #: 602 475 636

Annual Report

BUSINESS INFORMATION

Business Name:

VINTAGE AT URBAN CENTER, LLC

UBI Number: **602 475 636**

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status: **ACTIVE**

Principal Office Street Address:

369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813, UNITED STATES

Principal Office Mailing Address:

369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813

Expiration Date:

02/28/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

02/18/2005

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

PARACORP 106 5TH AVE SE, OLYMPIA, WA, 98501, UNITED 106 5TH AVE SE, OLYMPIA, WA, 98501, UNITED

INCORPORATED STATES STATES

PRINCIPAL OFFICE

Phone:

9497216775

Email:

CDOMINGUEZ@VINTAGEHOUSING.COM

Street Address:

369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813, USA

Mailing Address:

369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813, USA

GOVERNORS				
Title	Туре	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		MICHAEL K.	GANCAR
NATURE OF BUSIN	IESS			
REAL ESTAT	Ë			
EFFECTIVE DATE				
Effective Date: 02/26/2024				
CONTROLLING INT	EREST			
- No a. If "Yes", in the financial interest in the - No	ths, has there been a transfer of past 36 months, has there been e entity? Tes" to question 2a, has a control	a transfer of controlling inter	est (50 percent or greater) of the	he ownership, stock, or other
You must submit a Co	ontrolling Interest Transfer Retur	rn form if you answered "yes"	'to questions 1 and 2a.	
Failure to report a Cor	ntrolling Interest Transfer is subj	ject to penalty provisions of R	CW 82.45.220.	
For more information	on Controlling Interest, visit w	vww.dor.wa.gov/REET.		
RETURN ADDRESS	S FOR THIS FILING			
Attention: Email: Address:				
UPLOAD ADDITION	IAL DOCUMENTS			
Do you have additiona	al documents to upload? - No			
EMAIL OPT-IN				
By checking this l I will no longer receiv		all notifications from the Secu	retary of State for this entity vi	a email only. I acknowledge that
AUTHORIZED PER	SON			
I am an authorized	d person.			
Person Type: INDIVIDUAL				

First Name:

CARL

Last Name: **DOMINGUEZ**

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