

## EXPRESS ANNUAL REPORT WITH CHANGES

### BUSINESS INFORMATION

---

Business Name:

**PORTSMITH APARTMENTS LLC**

UBI Number:

**602 310 028**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**9757 NE JUANITA DR STE 300, KIRKLAND, WA, 98034-4291, UNITED STATES**

Principal Office Mailing Address:

Expiration Date:

**07/31/2021**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**07/10/2003**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**PROPERTY MANAGEMENT**

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

---

Registered Agent Name	Street Address	Mailing Address
WEIDNER INVESTMENT SERVICES, INC.	9757 NE JUANITA DR # 300, KIRKLAND, WA, 98034-4201, UNITED STATES	9757 JUANITA DR NE #300, KIRKLAND, WA, 98034-0000, UNITED STATES

### PRINCIPAL OFFICE

---

Phone:

Email:

**SHEREED@WEIDNER.COM**

Street Address:

**9757 NE JUANITA DR STE 300, KIRKLAND, WA, 98034-4291, USA**

Mailing Address:

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		W DEAN	WEIDNER

## NATURE OF BUSINESS

PROPERTY MANAGEMENT

## EFFECTIVE DATE

Effective Date:  
07/01/2020

## 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 16⅔ 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:

## 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:

**INDIVIDUAL**

First Name:

**W. DEAN**

Last Name:  
**WEIDNER**

Title:  
**MANAGER**

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