

Annual Report

BUSINESS INFORMATION

Business Name:

SHIBAYAMA ASSOCIATES, L.L.C.

UBI Number:

601 933 456

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

2760 72ND AVE SE, MERCER ISLAND, WA, 98040-2620, UNITED STATES

Principal Office Mailing Address:

PO BOX 713, MERCER ISLAND, WA, 98040-0713, UNITED STATES

Expiration Date:

02/28/2021

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

02/18/1999

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

OTHER SERVICES

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
MN SERVICE CORPORATION (WA)	2801 ALASKAN WAY STE 300, SEATTLE, WA, 98121-1128, UNITED STATES	

PRINCIPAL OFFICE

Phone:

Email:

REGISTERED.AGENT@MILLERNASH.COM

Street Address:

2760 72ND AVE SE, MERCER ISLAND, WA, 98040-2620, USA

Mailing Address:

PO BOX 713, MERCER ISLAND, WA, 98040-0713, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		BRIAN L	SHIBAYAMA

NATURE OF BUSINESS

OTHER SERVICES

EFFECTIVE DATE

Effective Date:

02/28/2020

CONTROLLING INTEREST

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

NO

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.

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

☒ I am an authorized person.

Person Type:

ENTITY

First Name:

LISA

Last Name:

DEMBICZAK

Entity Name:

MN SERVICE CORPORATION (WA)

Title:

ASSISTANT SECRETARY

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