

Filed
Secretary of State
State of Washington
Date Filed: 05/18/2023
Effective Date: 05/18/2023
UBI #: 602 310 028

Annual Report

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:

07/31/2024

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 NameStreet AddressMailing AddressWEIDNER INVESTMENT
SERVICES, INC.9757 NE JUANITA DR # 300, KIRKLAND,
WA, 98034-4201, UNITED STATES9757 JUANITA DR NE #300, KIRKLAND,
WA, 98034-0000, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

JANEK@WEIDNER.COM

Street Address:

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

Work Order #: 2023051800345505 - 1 Received Date: 05/18/2023 Amount Received: \$300.00 Mailing Address:

GOVERNORS					
Title	Туре	Entity Name	First Name	Last Name	
GOVERNOR	INDIVIDUAL		W DEAN	WEIDNER	
NATURE OF BUSINESS					
PROPERTY MAN	AGEMENT				
EFFECTIVE DA	TE				
Effective Date: 05/18/2023					
CONTROLLING INTEREST					
 Yes 2. In the past 12 months, the entity? No a. If "Yes", in the past stock, or other financial into No 3. If you answered "Yes" to No You must submit a Control	t 36 months, has there beerest in the entity? to question 2a, has a contolling Interest Transfer Reing Interest Transfer is so	Washington, such as land or or of at least 16-2/3 percent of een a transfer of controlling trolling interest transfer return form if you answered "ubject to penalty provisions it www.dor.wa.gov/REET.	of the ownership, stock, of interest (50 percent or grant been filed with the Depuyes" to questions 1 and 2	or other financial interest in reater) of the ownership, partment of Revenue?	
RETURN ADDRESS FOR THIS FILING					
Attention: Email: Address:					
UPLOAD ADDITIONAL DOCUMENTS					
Do you have additional do	cuments to upload? - No				
EMAIL OPT-IN					
By checking this box, I acknowledge that I will no		g all notifications from the Seifications.	ecretary of State for this e	ntity via email only. I	
AUTHORIZED PERSON					
☐ I am an authorized pers	son.				

Work Order #: 2023051800345505 - 1 Received Date: 05/18/2023 Amount Received: \$300.00

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.