

Annual Report

BUSINESS INFORMATION

Business Name:

SEASONS LYNNWOOD, LLC

UBI Number:

603 466 107

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

**10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY,
10001-2157, UNITED STATES**

Principal Office Mailing Address:

**10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY,
10001-2157**

Expiration Date:

01/31/2021

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

01/09/2015

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

INSURANCE

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
CORPORATION SERVICE COMPANY	300 DESCHUTES WAY SW STE 304, TUMWATER, WA, 98501, UNITED STATES	300 DESCHUTES WAY SW STE 304, TUMWATER, WA, 98501, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

JESSICA.STAFFORD@CSCGLOBAL.COM

Street Address:

10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY,
10001-2157, USA

Mailing Address:

10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY,
10001-2157, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA		

NATURE OF BUSINESS

INSURANCE

EFFECTIVE DATE

Effective Date:

12/13/2019

CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

YES

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

NO

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

NO

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

* This company owns land, buildings or other real estate in Washington State,

AND

* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or 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:

INDIVIDUAL

First Name:

MATTHEW P.

Last Name:

BRENNAN

Title:

ANNUAL REPORT SIGNER

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