

Filed Secretary of State State of Washington Date Filed: 07/18/2024 Effective Date: 07/18/2024

UBI #: 603 521 405

Annual Report

BUSINESS INFORMATION

Business Name:

VITUS GROUP, LLC

UBI Number: **603 521 405**

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

2607 SECOND AVENUE, SUITE 300, SEATTLE, WA, 98121-1289, UNITED STATES

Principal Office Mailing Address:

2607 SECOND AVENUE, SUITE 300, SEATTLE, WA, 98121-1289, UNITED STATES

Expiration Date:

07/31/2025

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

07/07/2015

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

DEVELOP AFFORDABLE HOUSING

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

C T CORPORATION 711 CAPITOL WAY S STE 204, OLYMPIA, WA, 711 CAPITOL WAY S STE 204, OLYMPIA, WA,

SYSTEM 98501-1267, UNITED STATES 98501-1267, UNITED STATES

PRINCIPAL OFFICE

Phone:

877-888-1245

Email:

CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

Mailing Address: 2607 SECOND AVENUE, SUITE 300, SEATTLE, WA, 98121-1289, USA					
GOVERNORS					
Title	Туре	Entity Name	First Name	Last Name	
GOVERNOR	INDIVIDUAL		STEPHEN R.	WHYTE	
GOVERNOR	INDIVIDUAL		SCOTT O	LANGAN	
NATURE OF BUSIN	NESS				
DEVELOP A	FFORDABLE HOUSING				
EFFECTIVE DATE					
Effective Date: 07/18/2024					
CONTROLLING IN	TEREST				
- No 2. In the past 12 mor - No a. If "Yes", in the financial interest in th - No 3. If you answered "Y - No You must submit a Co Failure to report a Cor For more information	Ves" to question 2a, has a control ontrolling Interest Transfer Return Introlling Interest Transfer is sub on Controlling Interest, visit y	a transfer of controlling interest transfer return be a transfer of you answered "yes" ject to penalty provisions of R	ownership, stock, or other final est (50 percent or greater) of the entitled with the Department of the questions 1 and 2a.	ancial interest in the entity? he ownership, stock, or other	
	S FOR THIS FILING				
Attention: Email: Address:					
UPLOAD ADDITION	NAL DOCUMENTS				
Do you have addition	al documents to upload? - No				
EMAIL OPT-IN					
By checking this I will no longer receiv		all notifications from the Secr	etary of State for this entity vi	ia email only. I acknowledge that	
AUTHORIZED PER	SON				
I am an authorize	d person.				

Person Type: INDIVIDUAL

Street Address:

2607 SECOND AVENUE, SUITE 300, SEATTLE, WA, 98121-1289, USA

First Name
KELLY

Last Name: LETTMANN

Title:

POWER OF ATTORNEY

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