

Filed
Secretary of State
State of Washington
Date Filed: 02/07/2018
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UBI #: 601 933 456

# **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, USA

Principal Office Mailing Address:

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

Expiration Date: **02/28/2019** 

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

02/18/1999

Period of Duration:

**PERPETUAL** 

Inactive Date:

Nature of Business:

## REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below.

### **Registered Agent Consent (Check One):**

I am the Registered Agent. Use my Contact Information.



I am not the Registered Agent. I declare under penalty of perjury that the WA Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

RCW 23.95.415 requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

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,

USA

## PRINCIPAL OFFICE

Phone:

206-624-8300

Email:

**BRIANS7553@PROTONMAIL.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	<b>Entity Name</b>	First Name	Last Name
GOVERNOR	INDIVIDUAL		BRIAN L	SHIBAYAMA

# NATURE OF BUSINESS

OTHER SERVICES

### EFFECTIVE DATE

Effective Date:

02/07/2018

### CONTROLLING INTEREST

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

#### YES

1. 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

2. 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

3. Unanswered, or Blank?

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**

This document is a public record. For more information visit www.sos.wa.gov/corps

\* You answered "YES" to question 1 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

Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034

For assistance or to request this document in an alternate format, visit business.wa.gov/BLS or call 360-705-6744. Teletype users may call 711.

Fax 360-705-6699

# RETURN ADDRESS FOR THIS FILING

Attention: Email: Address:

### UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? No

### **AUTHORIZED PERSON**

I am an authorized person.

Person Type:

**ENTITY** 

First Name:

**PAMELA** 

Last Name:

**YOUNG** 

**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.