

Filed
Secretary of State
State of Washington
Date Filed: 11/15/2023
Effective Date: 11/15/2023

UBI#: 602 778 455

EXPRESS ANNUAL REPORT WITH CHANGES

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Business Name:

FAIRWAY OF EDMONDS LLC

UBI Number: **602 778 455**

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

745 BELLEVUE AVE E APT 201, SEATTLE, WA, 98102-4484, UNITED STATES

Principal Office Mailing Address:

745 BELLEVUE AVE E APT 201, SEATTLE, WA, 98102-4484, UNITED STATES

Expiration Date:

11/30/2024

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

11/09/2007

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL PROPERTY INVESTMENT

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

MANAGER 745 BELLEVUE AVE E APT 201, SEATTLE, WA, 98102-4484, USA

PRINCIPAL OFFICE

Phone: **2065523553**

Email:

MOLLYASOLSON@GMAIL.COM

745 BELLEVUE AVE 1	E APT 201, SEATTLE, WA,	98102-4484, USA		
Mailing Address: 745 BELLEVUE AVE 1	E APT 201, SEATTLE, WA,	98102-4484, USA		
GOVERNORS				
Title	Туре	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		MOLLY	OLSON
NATURE OF BUSINES	SS			
REAL PROPER	TY INVESTMENT			
EFFECTIVE DATE				
Effective Date: 11/15/2023				
CONTROLLING INTE	REST			
- No a. If "Yes", in the partinancial interest in the e - No 3. If you answered "Yes - No You must submit a Control Failure to report a Control	est 36 months, has there been a entity? " to question 2a, has a controll crolling Interest Transfer Return colling Interest Transfer is subject Controlling Interest, visit were set to the controlling Interest.	at least 16-2/3 percent of the over transfer of controlling interest ting interest transfer return been not form if you answered "yes" to ect to penalty provisions of RC www.dor.wa.gov/REET.	(50 percent or greater) of the filed with the Department of questions 1 and 2a.	ne ownership, stock, or other
EMAIL OPT-IN	E APT 201, SEATTLE, WA, x, I hereby opt into receiving a paper notifications.		ary of State for this entity vi	ia email only. I acknowledge that
Person Type: INDIVIDUAL First Name:				

MOLLY
Last Name:
OLSON

Title:
OWNER

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