

## EXPRESS ANNUAL REPORT WITHOUT CHANGES

### BUSINESS INFORMATION

---

Business Name:

**PRCP-EVERETT, LLC**

UBI Number:

**604 012 704**

Business Type:

**FOREIGN LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**525 OKEECHOBEE BLVD STE 1650, WEST PALM BCH, FL, 33401-6327, UNITED STATES**

Principal Office Mailing Address:

**525 OKEECHOBEE BLVD STE 1650, WEST PALM BCH, FL, 33401-6327, UNITED STATES**

Expiration Date:

**07/31/2020**

Jurisdiction:

**UNITED STATES, DELAWARE**

Formation/Registration Date:

**07/01/2016**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**MULTI-FAMILY RESIDENTIAL HOUSING**

### REGISTERED AGENT [RCW 23.95.410](#)

---

Registered Agent Name	Street Address	Mailing Address
C T CORPORATION SYSTEM	711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501, UNITED STATES	711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501, UNITED STATES

### GOVERNORS

---

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		DAVID	KHOURY
GOVERNOR	INDIVIDUAL		GEORGE	BANKS

## CONTROLLING INTEREST

---

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

**NO**

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](http://www.dor.wa.gov/REET)

## CONFIRMATION EMAIL ADDRESS

---

Note: Please enter in the email address you would like confirmation sent of this annual report and payment receipt.

Email Address:

**AABOULHOSN@PRCPLLC.COM**

## 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

---

Person Type:

**INDIVIDUAL**

First Name:

**DAVID**

Last Name:

**KHOURY**

Title:

**AUTHORIZED SIGNER**

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