

Filed Secretary of State State of Washington Date Filed: 10/24/2023 Effective Date: 10/24/2023

UBI #: 604 537 952

## EXPRESS ANNUAL REPORT WITH CHANGES

BUSINESS INFORMATIC	N	

**Business Name:** 

CEP III - VILLAS 19, LLC

UBI Number: 604 537 952

Business Type:

WA LIMITED LIABILITY COMPANY

**Business Status:** 

ACTIVE

Principal Office Street Address:

2829 RUCKER AVE, EVERETT, WA, 98201-3456, UNITED STATES

Principal Office Mailing Address:

Expiration Date:

11/30/2024

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

11/08/2019

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** 

PR CORP. SERVICES, INC. 10900 NE 4TH ST STE 1850, BELLEVUE, WA, 98004-8341, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

PRCORP@PRKLAW.COM

Street Address:

2829 RUCKER AVE, EVERETT, WA, 98201-3456, USA

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GOVERNORS				
Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	CEP III - VILLAS MANAGER, LLC		
NATURE OF BUS	SINESS			
• REAL PRO	OPERTY INVEST	MENT		
EFFECTIVE DAT	E			
Effective Date: 10/24/2023				
CONTROLLING I	NTEREST			
•	own (hold title) rea	al property in Washington, such as land or buildings, i	ncluding leasehold improvement	ents?
- Yes 2. In the past 12 m	onths, has there be	een a transfer of at least 16-2/3 percent of the ownersh	nip, stock, or other financial in	terest in the entity?
- No				
		has there been a transfer of controlling interest (50 pe	ercent or greater) of the owner	ship, stock, or other
financial interest in - No	the entity?			
	"Yes" to question 2	2a, has a controlling interest transfer return been filed	with the Department of Rever	nue?
You <b>must</b> submit a	Controlling Interes	st Transfer Return form if you answered "yes" to ques	stions 1 and 2a.	
Failure to report a C	Controlling Interest	Transfer is subject to penalty provisions of <u>RCW 82.</u>	<u>45.220.</u>	
For more information	on on Controlling	Interest, visit www.dor.wa.gov/REET.		
RETURN ADDRE	SS FOR THIS FI	LING		
Attention:				
Email:				
Address:				
EMAIL OPT-IN				
By checking the I will no longer reco		t into receiving all notifications from the Secretary of ions.	State for this entity via email	only. I acknowledge tha
AUTHORIZED PE	ERSON			
Parson Tyna:				

Person Type:

ENTITY

First Name:

LESLIE

Last Name:

GREEN

Entity Name:

PR CORP. SERVICES, INC.

Title:

ASST. SECRETARY

<b>Y</b>	This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.						

Work Order #: 2023102400688647 - 1 Received Date: 10/24/2023 Amount Received: \$70.00