



## EXPRESS ANNUAL REPORT WITH CHANGES

### BUSINESS INFORMATION

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Business Name:

**PRCP-EVERETT, LLC**

UBI Number:

**604 012 704**

Business Type:

**FOREIGN LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**10455 RIVERSIDE DR STE 200, PALM BCH GDNS, FL, 33410-4332, UNITED STATES**

Principal Office Mailing Address:

**10455 RIVERSIDE DR, SUITE 200, PALM BCH GDNS, FL, 33410-4332, UNITED STATES**

Expiration Date:

**07/31/2023**

Jurisdiction:

**UNITED STATES, FLORIDA**

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](#)

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Registered Agent Name	Street Address	Mailing Address
C T CORPORATION SYSTEM	711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501-1267, UNITED STATES	711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501-1267, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

**5616539332**

Email:

**SBATCHELOR@PRCPLLC.COM**

Street Address:

**10455 RIVERSIDE DR STE 200, PALM BCH GDNS, FL, 33410-4332, USA**

Mailing Address:

**10455 RIVERSIDE DR, SUITE 200, PALM BCH GDNS, FL, 33410-4332, USA**

## GOVERNORS

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

## NATURE OF BUSINESS

1 MULTI-FAMILY RESIDENTIAL HOUSING

## EFFECTIVE DATE

Effective Date:

07/28/2022

## CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

**YES**

2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?

**NO**

a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?

**NO**

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?

**NO**

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 **and** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

## RETURN ADDRESS FOR THIS FILING

Attention:

**STACEY BATCHELOR**

Email:

**SBATCHELOR@PRCPLLC.COM**

Address:

**10455 RIVERSIDE DRIVE, SUITE 200, PALM BEACH GARDENS, FL, 33410, USA**

## 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.