

Annual Report

BUSINESS INFORMATION

Business Name:

SEASONS LYNNWOOD, LLC

UBI Number:

603 466 107

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

**10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY,
10001-2157, UNITED STATES**

Principal Office Mailing Address:

**10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY,
10001-2157**

Expiration Date:

01/31/2022

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

01/09/2015

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

INSURANCE

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
CORPORATION SERVICE COMPANY	300 DESCHUTES WAY SW STE 208 MC- CSC1, TUMWATER, WA, 98501, UNITED STATES	300 DESCHUTES WAY SW STE 208 MC- CSC1, TUMWATER, WA, 98501, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

JESSICA.STAFFORD@CSCGLOBAL.COM

Street Address:

10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY, 10001-2157, USA

Mailing Address:

10 HUDSON YARDS, C/O THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, NEW YORK, NY, 10001-2157, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA		

NATURE OF BUSINESS

INSURANCE

EFFECTIVE DATE

Effective Date:

01/15/2021

CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

NO

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16? percent interest in the entity?

NO

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

NO

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

NO

You must report a [Controlling Interest Transfer Return](#) 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.

RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

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

☐ I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

MATTHEW P.

Last Name:

BRENNAN

Title:

AUTHORIZED PERSON

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