

Filed
Secretary of State
State of Washington
Date Filed: 11/02/2023
Effective Date: 11/02/2023

UBI #: 604 841 248

Annual Report

BUSINESS INFORMATION

Business Name:

BLUWATER EVERETT APARTMENTS, LLC

UBI Number: **604 841 248**

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

660 NEWPORT CENTER DR STE 1300, NEWPORT BEACH, CA, 92660-6492, UNITED STATES

Principal Office Mailing Address:

660 NEWPORT CENTER DR STE 1300, NEWPORT BEACH, CA, 92660-6492

Expiration Date:

12/31/2024

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

12/08/2021

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

OWNS MULTIFAMILY REAL ESTATE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

C T CORPORATION 711 CAPITOL WAY S STE 204, OLYMPIA, WA, 711 CAPITOL WAY S STE 204, OLYMPIA, WA,

SYSTEM 98501-1267, UNITED STATES 98501-1267, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

Street Address:				
	ENTER DR STE 130), NEWPORT BEACH, CA, 92660-6492,	USA	
Mailing Address: 660 NEWPORT CH	ENTER DR STE 130), NEWPORT BEACH, CA, 92660-6492,	USA	
GOVERNORS				
Title	Туре	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	MIG REAL ESTATE, LLC		
NATURE OF BUSI	INESS			
• OWNS MU	LTIFAMILY REAL E	STATE		
EFFECTIVE DATE	<u> </u>			
Effective Date: 11/02/2023				
CONTROLLING IN	NTEREST			
- Yes 2. In the past 12 mo - No a. If "Yes", in th financial interest in t - No 3. If you answered ' - No	e past 36 months, has the entity? 'Yes" to question 2a, h	perty in Washington, such as land or buildid transfer of at least 16-2/3 percent of the ow there been a transfer of controlling interest as a controlling interest transfer return been ansfer Return form if you answered "yes" to	vnership, stock, or other financia (50 percent or greater) of the o	al interest in the entity? wnership, stock, or other
Failure to report a Co	ontrolling Interest Tra	nsfer is subject to penalty provisions of RCV	W 82.45.220.	
For more informatio	n on Controlling Inte	rest, visit www.dor.wa.gov/REET.		
RETURN ADDRES	SS FOR THIS FILIN	3		
Attention: Email: Address:				
UPLOAD ADDITIO	NAL DOCUMENTS			
Do you have addition	nal documents to uplo	ad? - No		
EMAIL OPT-IN				
	s box, I hereby opt into	o receiving all notifications from the Secreta	ary of State for this entity via en	nail only. I acknowledge that
ALITHORIZED PE	RSON			

I am an authorized person.

Person Type: INDIVIDUAL

First Name:

KELLY

Last Name:

LETTMANN

Title:

POWER OF ATTORNEY

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