

Filed
Secretary of State
State of Washington
Date Filed: 01/23/2024
Effective Date: 01/23/2024
UBI #: 604 217 912

Annual Report

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Business Name:

AUK-SILVERLAKE LLC

UBI Number: **604 217 912**

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status: **ACTIVE**

Principal Office Street Address:

12115 19TH AVE SE, EVERETT, WA, 98208-6230, UNITED STATES

Principal Office Mailing Address:

Expiration Date:

01/31/2025

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

01/24/2018

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

INCORP SERVICES, 4505 PACIFIC HWY E STE C-2, FIFE, WA, 98424, 4505 PACIFIC HWY E STE C-2, FIFE, WA, 98424,

INC. UNITED STATES UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

BILLING@AUKUM.COM

12115 19TH AVE SE,	, EVERETT, WA, 98	208-6230, USA		
Mailing Address:				
GOVERNORS				
Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	AUKUM GROUP LLC		
NATURE OF BUSIN	ESS			
REAL ESTAT	Έ			
EFFECTIVE DATE				
Effective Date: 01/23/2024				
CONTROLLING INT	EREST			
- No 2. In the past 12 mon - No a. If "Yes", in the financial interest in the	ths, has there been a t past 36 months, has t e entity?	perty in Washington, such as land or build ransfer of at least 16-2/3 percent of the controlling interests a controlling interest transfer return becomes	ownership, stock, or other financest (50 percent or greater) of the	ovial interest in the entity?
You must submit a Co	ontrolling Interest Tran	asfer Return form if you answered "yes"	to questions 1 and 2a.	
Failure to report a Con	ntrolling Interest Trans	efer is subject to penalty provisions of RC	CW 82.45.220.	
For more information	on Controlling Inter	est, visit www.dor.wa.gov/REET.		
RETURN ADDRESS	FOR THIS FILING			
Attention: Email: Address:				
UPLOAD ADDITION	IAL DOCUMENTS			
Do you have additiona	al documents to upload	d? - No		
EMAIL OPT-IN				
By checking this by I will no longer received		receiving all notifications from the Secre	etary of State for this entity via e	mail only. I acknowledge that
AUTHORIZED PER	SON			
I am an authorized	d person.			
Person Type: INDIVIDUAL				
First Name: RICHARD				

Street Address:

Last Name:

MCCANN

Title:

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