



**WASHINGTON**  
**Secretary of State**  
**Corporations & Charities Division**

Filed  
Secretary of State  
State of Washington  
Date Filed: 11/08/2022  
Effective Date: 11/08/2022  
UBI #: 604 827 313

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**ELCFA LLC**

UBI Number:

**604 827 313**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203-3748, UNITED STATES**

Principal Office Mailing Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203-3748, UNITED STATES**

Expiration Date:

**10/31/2023**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**10/25/2021**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL ESTATE**

### REGISTERED AGENT CONSENT

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To change your Registered Agent, please delete the current Registered Agent below.

**Registered Agent Consent (Check One):**



I am the Registered Agent. Use my Contact Information.



I am not the Registered Agent. I declare under penalty of perjury that the WA Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

RCW [23.95.415](#) requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

## REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
KATHRYN OPINA	5830 EVERGREEN WAY, EVERETT, WA, 98203-3748, USA	5830 EVERGREEN WAY, EVERETT, WA, 98203-3748, USA

## PRINCIPAL OFFICE

Phone:

Email:

**EXECADMIN@HOUSINGHOPE.ORG**

Street Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203-3748, USA**

Mailing Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203-3748, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		KATHRYN	OPINA

## NATURE OF BUSINESS

REAL ESTATE

## EFFECTIVE DATE

Effective Date:

**11/08/2022**

## CONTROLLING INTEREST

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

**NO**

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

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Attention:

Email:

Address:

## UPLOAD ADDITIONAL DOCUMENTS

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

## EMAIL OPT-IN

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☒ 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

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☒ I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**KATHRYN**

Last Name:

**OPINA**

Title:

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