

Filed Secretary of State State of Washington Date Filed: 09/06/2018 Effective Date: 09/06/2018 UBI #: 603 439 425

# **Annual Report**

the document on request.

BUSINESS INFORMATION
Business Name: WMB DEL PSQ LLC
UBI Number: 603 439 425
Business Type: FOREIGN LIMITED LIABILITY COMPANY
Business Status: ACTIVE
Principal Office Street Address: 219 E GARFIELD ST, SEATTLE, WA, 98102-3756, UNITED STATES
Principal Office Mailing Address: 219 E GARFIELD ST, SEATTLE, WA, 98102-3756, UNITED STATES
Expiration Date: <b>09/30/2019</b>
Jurisdiction: UNITED STATES, DELAWARE
Formation/Registration Date: 09/29/2014
Period of Duration: PERPETUAL
Inactive Date:
Nature of Business: ANY LAWFUL PURPOSE, REAL PROPERTY INVESTMENT
REGISTERED AGENT CONSENT
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 Foreign 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 Foreign Limited Liability Company must keep the signed consent document in its records, and must produce

**Amount Received: \$60.00** 

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

LPSL CORPORATE 1420 5TH AVE STE 4200, SEATTLE, WA, PO BOX 91302, SEATTLE, WA,

SERVICES, INC. 98101-2375, USA 98111-9402, USA

# PRINCIPAL OFFICE

Phone:

206-505-6800

Email:

LPSLCORPSEA@LANEPOWELL.COM

Street Address:

219 E GARFIELD ST, SEATTLE, WA, 98102-3756, USA

Mailing Address:

219 E GARFIELD ST, SEATTLE, WA, 98102-3756, USA

## **GOVERNORS**

Title	Type	<b>Entity Name</b>	First Name	Last Name
GOVERNOR	INDIVIDUAL		JOHN	STEPHANUS

# NATURE OF BUSINESS

- ANY LAWFUL PURPOSE
- REAL PROPERTY INVESTMENT

# **EFFECTIVE DATE**

Effective Date:

09/06/2018

## CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

#### YES

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

### NO

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

#### NO

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer IF:

\* This company owns land, buildings or other real estate in Washington State,

### AND

\* You answered "YES" to question 1 above.

Work Order #: 2018090600416607 - 1 Received Date: 09/06/2018 Amount Received: \$60.00 Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit www.dor.wa.gov/REET

Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034

For assistance or to request this document in an alternate format, visit business.wa.gov/BLS or call 360-705-6744. Teletype users may call 711.

Fax 360-705-6699

# RETURN ADDRESS FOR THIS FILING

Attention:

LPSL CORPORATE SERVICES, INC.

Email:

LPSLCORPSEA@LANEPOWELL.COM

Address:

1420 5TH AVE STE 4200, SEATTLE, WA, 98101-2375, USA

## 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:

**JENNIFER** 

Last Name:

NELSON

Title:

#### AGENT AUTHORIZED

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

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