



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 10/13/2023
Effective Date: 10/13/2023
UBI #: 603 452 128

Annual Report

BUSINESS INFORMATION

Business Name:

SERRA.LYNN, LLC

UBI Number:

603 452 128

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

219 E GARFIELD ST STE 600, SEATTLE, WA, 98102-3785, UNITED STATES

Principal Office Mailing Address:

219 E GARFIELD ST STE 600, SEATTLE, WA, 98102-3785, UNITED STATES

Expiration Date:

11/30/2024

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

11/13/2014

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

ANY LAWFUL PURPOSE, OTHER SERVICES

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
LPSL CORPORATE SERVICES, INC.	1420 5TH AVE STE 4200, SEATTLE, WA, 98101-2375, UNITED STATES	PO BOX 91302, SEATTLE, WA, 98111-9402, UNITED STATES

PRINCIPAL OFFICE

Phone:

2065056800

Email:

LPSLCORPSEA@LANEPOWELL.COM

Street Address:
219 E GARFIELD ST STE 600, SEATTLE, WA, 98102-3785, USA

Mailing Address:
219 E GARFIELD ST STE 600, SEATTLE, WA, 98102-3785, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JOHN	STEPHANUS

NATURE OF BUSINESS

- ANY LAWFUL PURPOSE
- OTHER SERVICES

EFFECTIVE DATE

Effective Date:
10/13/2023

CONTROLLING INTEREST

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

RETURN ADDRESS FOR THIS FILING

Attention:
LPSL CORPORATE SERVICES, INC.
Email:
LPSLCORPSEA@LANEPOWELL.COM
Address:
1420 FIFTH AVENUE SUITE 4200, SEATTLE, WA, 98101, 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.