

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**PARKSIDE PRESERVATION PARTNERS LLC**

UBI Number:

**603 615 765**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**21515 HAWTHORNE BLVD STE 150, TORRANCE, CA, 90503-6529, USA**

Principal Office Mailing Address:

Expiration Date:

**05/31/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**05/05/2016**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
CORPORATION SERVICE COMPANY	300 DESCHUTES WAY SW STE 304, TUMWATER, WA, 98501, UNITED STATES	300 DESCHUTES WAY SW STE 304, TUMWATER, WA, 98501, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

Email:

**DIANA@PPMGINC.COM**

Street Address:

**21515 HAWTHORNE BLVD STE 150, TORRANCE, CA, 90503-6529, USA**

Mailing Address:

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		WILLIAM	SZYMCAK

## NATURE OF BUSINESS

REAL ESTATE

## EFFECTIVE DATE

Effective Date:

05/10/2018

## CONTROLLING INTEREST

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

**YES**

1. 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**

2. 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**

3. Unanswered, or Blank?

**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.

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](http://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](http://business.wa.gov/BLS) or call 360-705-6744. Teletype users may call 711.

Fax 360-705-6699

## RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

## 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

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☒ I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**DIANA**

Last Name:

**BRIONES**

Title:

**STAFF ACCOUNTANT**

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