



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 07/24/2024
Effective Date: 07/24/2024
UBI #: 602 848 615

Annual Report

BUSINESS INFORMATION

Business Name:

MALOOF BROTHERS LLC

UBI Number:

602 848 615

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

4835 FOREST AVE SE, MERCER ISLAND, WA, 98040-4601, UNITED STATES

Principal Office Mailing Address:

PO BOX 425, MERCER ISLAND, WA, 98040-0425, UNITED STATES

Expiration Date:

07/31/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

07/14/2008

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

PROPERTY MANAGEMENT

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
EMMETT MALOOF	4835 FOREST AVE SE, MERCER ISLAND, WA, 98040-4601, UNITED STATES	PO BOX 425, MERCER ISLAND, WA, 98040-0425, UNITED STATES

PRINCIPAL OFFICE

Phone:

2062328472

Email:

ORDERS@NEWBUSINESSFILING.ORG

Street Address:

4835 FOREST AVE SE, MERCER ISLAND, WA, 98040-4601, USA

Mailing Address:

PO BOX 425, MERCER ISLAND, WA, 98040-0425, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JAMES	MALOOF
GOVERNOR	INDIVIDUAL		EMMETT	MALOOF
GOVERNOR	INDIVIDUAL		ANDREW	MALOOF

NATURE OF BUSINESS

- PROPERTY MANAGEMENT

EFFECTIVE DATE

Effective Date:

07/24/2024

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.

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

☒ I am an authorized person.

Person Type:
INDIVIDUAL

First Name:
LARKIN

Last Name:
KRAHLING

Title:



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