

Filed
Secretary of State
State of Washington
Date Filed: 07/23/2024
Effective Date: 07/23/2024
UBI #: 604 942 134

# **Annual Report**

## **BUSINESS INFORMATION**

Business Name:

FAC LAKE STEVENS, LLC

UBI Number: **604 942 134** 

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status: **ACTIVE** 

Principal Office Street Address:

39 S WASHINGTON ST STE 515, SPOKANE, WA, 99201, UNITED STATES

Principal Office Mailing Address:

**PO BOX 21071, SPOKANE, WA, 99201-7197, UNITED STATES** 

Expiration Date: **07/31/2025** 

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

07/12/2022

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

ANY LAWFUL PURPOSE

## REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

PAUL M. DAVIS 717 W SPRAGUE AVE STE 1600, SPOKANE, WA, 717 W SPRAGUE AVE STE 1600, SPOKANE, WA,

99201-3923, UNITED STATES 99201-3923, UNITED STATES

# PRINCIPAL OFFICE

Phone:

5094559555

Email:

#### BRIAN@FOURTHAVECAPITAL.COM

Street Address:

39 S WASHINGTON ST STE 515, SPOKANE, WA, 99201, USA

Mailing Address:

PO BOX 21071, SPOKANE, WA, 99201-7197, USA

#### **GOVERNORS**

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	FAC MANAGEMENT, LLC		
NATURE OF BUSINESS				
ANY LAWFU	L PURPOSE			
EFFECTIVE DATE				
Effective Date: 07/23/2024				
CONTROLLING INT	EREST			

- OOM NOELING 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:

ERIN HOJNACKI

Email:

EHOJNACKI@LUKINS.COM

Address:

717 W SPRAGUE AVE, SUITE 1600, SPOKANE, WA, 99201-3923, USA

## **UPLOAD ADDITIONAL DOCUMENTS**

Do you have additional documents to upload? -  $N_0$ 

# **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.

Work Order #: 2024072300494481 - 3 Received Date: 07/23/2024 Amount Received: \$210.00

Person Type: INDIVIDUAL
First Name: ERIN
Last Name: HOJNACKI
Title:  AUTHORIZED AGENT  This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

This document is a public record. For more information visit  $\underline{www.sos.wa.gov/corps}$ 

Work Order #: 2024072300494481 - 3 Received Date: 07/23/2024 Amount Received: \$210.00