



This Box For Office Use Only

Limited Liability Partnership

See attached detailed instructions

- Filing Fee \$60.00
- Filing Fee with Expedited Service \$110.00

UBI Number: _____

LIMITED LIABILITY PARTNERSHIP ANNUAL NOTICE

Chapter 25.05 RCW

SECTION 1

NAME OF LIMITED LIABILITY PARTNERSHIP: *(as currently recorded with the Office of the Secretary of State)*

DATE REGISTERED IN WASHINGTON STATE: _____

TYPE OF BUSINESS: _____

SECTION 2

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS: *(Where records are maintained, see instructions page.)*

Address _____ City _____ State _____ Zip _____

If originally formed outside Washington State provide the State/Country of origin: _____

SECTION 3

(Only required if changes are being made to the Registered Agent)

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: _____

Physical Location Address (required):

City _____ WA Zip Code _____

Mailing or Postal Address (optional):

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Partnership. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Partnership; to forward mail to the Limited Liability Partnership; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X _____

Signature of Registered Agent

Printed Name

Date

SECTION 4

NUMBER OF PARTNERS OF THE LIMITED LIABILITY PARTNERSHIP *(must be 2 or more):* _____

SECTION 5 *(Required)*

OWNERSHIP OF REAL PROPERTY:

Does your company own land, buildings, or other real property in Washington? **Yes** **No**

CONTROLLING INTEREST TRANSFER:

A controlling interest transfer is when 50 % or more of the ownership in an entity changes hands as defined under RCW 82.45.010 (2). Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the past 12 months that resulted in a transfer of controlling interest? **Yes** **No**

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? **Yes** **No**

If your company owns land, buildings or other real property in Washington State, you must contact the Washington State Department of Revenue to report a transfer of controlling interest. Failure to report the transfer is subject to the penalty provisions of RCW 82.45.220. For more information on these questions please call the Department of Revenue at (360) 570-3265 and choose option 1, or visit the website at www.dor.wa.gov

SECTION 6

AUTHORIZED SIGNATURE: *(see instructions page)*

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

X _____			
Signature	Printed Name/Title	Date	Phone

FEES: The filing fee for an Annual Notice is \$60.00. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make checks or money orders payable to "Secretary of State".

All payments must be received in US Dollars. All fees are non-refundable.

Mail completed forms and payment to:

Secretary of State, Corporation Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

INSTRUCTIONS – LIMITED LIABILITY PARTNERSHIP NOTICES

Please complete all sections of the Limited Liability Partnership Annual Notice. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps, email corps@sos.wa.gov or call (360) 725-0377 for more information.

UBI Number: Enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State in the box in the upper right hand corner of page 1.

Section 1

Indicate the Limited Liability Partnership (LLP) name as currently registered with the Office of the Secretary of State. Indicate the date the LLP was first registered in Washington

Section 2

Enter the address of the Limited Liability Partnership's principal place of business where records are maintained. If the principal place of business is outside the State of Washington indicate the state/country of origin and complete section 3 if changes are being made to the registered agent information.

Section 3

Complete this section if there are changes to the LLP's Registered Agent. All Limited Liability Partnerships must have a Registered Agent in Washington State if there is no principal place of business in the State of Washington. The Registered Agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where they can be located. An alternative mailing address may be used in addition to the physical address. **The Registered Agent must print their name and sign the consent to serve as registered agent.**

Section 4

List the number of partners in the Limited Liability Partnership (*must be 2 or more.*)

Section 5

This is a required section for annual notices or if changes have been made. Answer 'Yes' or 'No' to the questions in section 6. For more information on these questions please call the Department of Revenue at (360) 570-3265 and choose option 1, or visit the website at www.dor.wa.gov.

Section 6

The Annual Notice must be executed by an authorized partner, an authorized person or a majority of partners. If necessary attach additional names, addresses, titles and signatures.

If you have questions, need assistance or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps, email corps@sos.wa.gov for more information, or call (360) 725-0377.