

Filed
Secretary of State
State of Washington
Date Filed: 08/27/2024
Effective Date: 08/27/2024

UBI #: 605 309 368

**Annual Report** 

BUSINESS INFORM	MATION			
Business Name: FLAVOY LLC				
UBI Number: 605 309 368				
Business Type: WA LIMITED LIAB	ILITY COMPANY			
Business Status: ACTIVE				
Principal Office Street 14705 OVERLOOK	Address: DR E, BONNEY LAKE, WA, 98391-9663, UNITED STATI	ES		
Principal Office Mailing Address:				
Expiration Date: <b>08/31/2025</b>				
Jurisdiction: UNITED STATES, W	/ASHINGTON			
Formation/Registration 08/14/2023	n Date:			
Period of Duration: <b>PERPETUAL</b>				
Inactive Date:				
Nature of Business: WHOLESALE TRA	DE			
REGISTERED AGE	NT RCW 23.95.410			
Registered Agent Name	Street Address	Mailing Address		
HANLIN MOSS YI, P.S.	9709 3RD AVE NE STE 506, SEATTLE, WA, 98115-2053, UNITED STATES	9709 3RD AVE NE STE 506, SEATTLE, WA, 98115-2053, UNITED STATES		
PRINCIPAL OFFICE				
Phone:				

MYFOXBROTHER@GMAIL.COM

Mailing Address:				
GOVERNORS				
Title	Туре	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		WEI	GAO
NATURE OF BUSINE	ESS			
• WHOLESALE	TRADE			
EFFECTIVE DATE				
Effective Date: <b>08/27/2024</b>				
CONTROLLING INTE	EREST			
-	(hold title) real property in Was	shington, such as land or buildi	ngs, including leasehold im	provements?
- No 2. In the past 12 month - No	<b>hs</b> , has there been a transfer of a	at least 16-2/3 percent of the ov	vnership, stock, or other fina	ancial interest in the entity?
	ast 36 months, has there been a entity?	a transfer of controlling interest	(50 percent or greater) of the	ne ownership, stock, or other
- No 3. If you answered "Ye - No	s" to question 2a, has a controlli	ing interest transfer return been	filed with the Department	of Revenue?
You <b>must</b> submit a Cor	trolling Interest Transfer Return	n form if you answered "yes" to	o questions 1 and 2a.	
Failure to report a Cont	rolling Interest Transfer is subje	ect to penalty provisions of RC	W 82.45.220.	
For more information o	n Controlling Interest, visit w	ww.dor.wa.gov/REET.		
RETURN ADDRESS	FOR THIS FILING			
Attention: Email: Address:				
UPLOAD ADDITIONA	AL DOCUMENTS			
-	documents to upload? - No			
EMAIL OPT-IN				
By checking this bo		ll notifications from the Secreta	ary of State for this entity vi	a email only. I acknowledge that
AUTHORIZED PERS	ON			
I am an authorized	l person.			
Person Type: <b>ENTITY</b>				
First Name: SUSAN				

Street Address:

14705 OVERLOOK DR E, BONNEY LAKE, WA, 98391-9663, USA

Last	Name:
VI	

Entity Name:

HANLIN MOSS YI, P.S.

Title:

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