

Filed Secretary of State State of Washington Date Filed: 04/23/2020 Effective Date: 04/23/2020 UBI #: 603 583 390

# AMENDED CERTIFICATE OF FORMATION

# **BUSINESS INFORMATION**

**Business Name:** 

BLUE ROCK WATER COMPANY LLC

**UBI** Number: 603 583 390

Business Type:

WA LIMITED LIABILITY COMPANY

**Business Status:** 

ACTIVE

Principal Office Street Address:

7511 GREENWOOD AVE N UNIT 4011, SEATTLE, WA, 98103-4627, UNITED STATES

Principal Office Mailing Address:

7511 GREENWOOD AVE N UNIT 4011, SEATTLE, WA, 98103-4627, UNITED STATES

Expiration Date:

02/28/2021

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

02/04/2016

Period of Duration:

**PERPETUAL** 

Inactive Date:

Nature of Business:

# **BUSINESS NAME**

**Business Name:** 

BLUE ROCK WATER COMPANY LLC

#### **BUSINESS TYPE**

Current Business Type:

WA LIMITED LIABILITY COMPANY

Amend Business Type:

### REGISTERED AGENT

Registered Agent Name Street Address

**Mailing Address** 

Amount Received: \$50.00

#### REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - Yes

#### PRINCIPAL OFFICE

Phone:

206-898-5695

Email:

JASON@BLUEROCKMGT.COM

Confirm Email:

JASON@BLUEROCKMGT.COM

Street Address:

7511 GREENWOOD AVE N UNIT 4011, SEATTLE, WA, 98103-4627, UNITED STATES

Mailing Address:

7511 GREENWOOD AVE N UNIT 4011, SEATTLE, WA, 98103-4627, UNITED STATES

#### **DURATION**

**Duration:** 

**PERPETUAL** 

#### EFFECTIVE DATE

Effective Date:

04/23/2020

# RETURN ADDRESS FOR THIS FILING

Attention:

**THOMAS PORS** 

Email:

TOMPORS@COMCAST.NET

Address:

1700 7TH AVE STE 2100, SEATTLE, WA, 98101-1360, UNITED STATES

#### UPLOADED DOCUMENTS

Document TypeSourceCreated ByCreated DatePREPARED AMENDMENTONLINETHOMAS PORS04/21/2020

#### UPLOAD ADDITIONAL DOCUMENTS

Name Document Type

No Value Found.

#### **EMAIL OPT-IN**

Work Order #: 2020042100221308 - 1 Received Date: 04/21/2020

Amount Received: \$50.00

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 - STAFF CONSOLE**

Document is signed.

Person Type:

**INDIVIDUAL** 

First Name:

**THOMAS** 

Last Name:

**PORS** 

Title:

**ATTORNEY** 

Amount Received: \$50.00