2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001394

Entity Name: BLACKFLY INVESTMENTS, LLC

Current Principal Place of Business:

14401 SE 1ST STREET VANCOUVER. WA 98684-3503

Current Mailing Address:

14401 SE 1ST STREET

VANCOUVER, WA 98684-3503 US

FEI Number: 27-3054323 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC. 7901 4TH STREET N, SUITE 300 ST.PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAN KEEN 04/10/2023

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AUTHORIZED MEMBER** Title **AUTHORIZED MEMBER** CHP INVESTMENTS LLC F2 INVESTMENTS, LLC Name Name Address 24301 NE 128TH STREET Address 440 NE 5TH AVENUE

1017 City-State-Zip: BRUSH PRAIRIE WA 98606

City-State-Zip: CAMAS WA 98607-2007

Title **AUTHORIZED MEMBER MEMBER** Title

YORK, JAMES LII Name Name SAILEY, CHARLES J DR. Address 14401 SE 1ST STREET Address 14401 SE 1ST STREET VANCOUVER WA 98684-3503 City-State-Zip:

City-State-Zip: VANCOUVER WA 98684

Title **AUTHORIZED MEMBER** Title **AUTHORIZED MEMBER**

Name STRAFEL, ERIC HALL, JASON Name Address

14401 SE 1ST STREET 14401 SE 1ST STREET Address

City-State-Zip: VANCOUVER WA 98684-3503 City-State-Zip: VANCOUVER WA 98684-3503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TAMRA BOWIE

Electronic Signature of Signing Authorized Person(s) Detail

04/10/2023 **AUTHORIZED SIGNER**

FILED Apr 10, 2023

Secretary of State

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