

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90091 048 ****50.00

DOCUMENT #

M00000000878

1. Entity Name

FINANCIAL PACIFIC FUNDING, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3455 S 344TH WAY

3. Mailing Address

PO BOX 4568

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FEDERAL WAY, WA

City & State

FEDERAL WAY, WA

4. FEI Number

91-1942599

Applied For

Not Applicable

Zip

98001

Country

USA

Zip

98063

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
DALE A WINTER
3455 S 344TH WAY SUITE 300

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
PETER A DAVIS
3455 S 344TH WAY SUITE 300

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FEDERAL WAY, WA 98001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)