

**2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000001567

**Entity Name:** COSTCO-INNOVEL SOLUTIONS LLC

**Current Principal Place of Business:**

999 LAKE DRIVE  
ISSAQUAH, WA 98027

**Current Mailing Address:**

P.O. BOX 35005  
SEATTLE, WA 98124-3405 US

**FEI Number: 83-3320028**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, TREASURER  
Name            SULLIVAN, JOHN  
Address        999 LAKE DR  
City-State-Zip: ISSAQUAH WA 98027

Title            VP, SECRETARY  
Name            SWEARINGEN, GARY D  
Address        999 LAKE DR  
City-State-Zip: ISSAQUAH WA 98027

Title            ASST. SECRETARY  
Name            ASTIN, RAINEY  
Address        45940 HORSESHOE DRIVE  
                 SUITE 150  
City-State-Zip: STERLING VA 20166

Title            ASST. SECRETARY  
Name            DATTILO, TONY  
Address        999 LAKE DR  
City-State-Zip: ISSAQUAH WA 98027

Title            MBR  
Name            COSTCO-INNOVEL HOLDING  
                 CORPORATIO  
Address        999 LAKE DR  
City-State-Zip: ISSAQUAH WA 98027

Title            ASSISTANT SECRETARY  
Name            KATZ, SETH  
Address        999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

Title            VP  
Name            MOORE, JOE  
Address        999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

*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: GARY SWEARINGEN**

**SECRETARY**

**04/16/2026**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date