

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000006310

**Entity Name:** CU STRATEGIC PLANNING, LLC

**Current Principal Place of Business:**

535 DOCK ST STE 209  
TACOMA, WA 98402

**Current Mailing Address:**

535 DOCK ST STE 209  
TACOMA, WA 98402 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N, STE. 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AUGUSTINE, STACY  
Address 535 DOCK ST STE 209  
City-State-Zip: TACOMA WA 98402

Title MGR  
Name HALL, SHARON  
Address 535 DOCK ST STE 209  
City-State-Zip: TACOMA WA 98402

Title MGR  
Name BEALL, MIKE  
Address 535 DOCK ST STE 209  
City-State-Zip: TACOMA WA 98402

Title MGR  
Name SENN, SHIRLEY  
Address 535 DOCK ST STE 209  
City-State-Zip: TACOMA WA 98402

Title MGR  
Name HARDY, RONALDO  
Address 535 DOCK ST STE 209  
City-State-Zip: TACOMA WA 98402

Title MGR  
Name STRAYER, JAMIE  
Address 535 DOCK ST STE 209  
City-State-Zip: TACOMA WA 98402

*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:** STACY AUGUSTINE

**MANAGER**

**03/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date