Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

2024 ANNUAL REPORT
Registry Number: 32533291
Date of Organization: 11/28/2005
Fee: $100
Due Date: 11/28/2024
Type: DOMESTIC LIMITED LIABILITY COMPANY

CALANDRINO PROPERTIES, LLC
13217 164TH ST CTE
PUYALLUP WA 98374

FILED: NOV 6, 2024
OREGON SECRETARY OF STATE
32533291-26903159
CALANDRINO PROPERTIES, LLC **RENANA**

Name of Domestic Limited Liability Company
CALANDRINO PROPERTIES, LLC
Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent
C T CORPORATION SYSTEM
780 COMMERCIAL ST SE STE 100
SALEM OR 97301-3465

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)
311 E SPINOSA DR
MERIDIAN ID 83646

3) Mailing Address (Address,city,state,zip)
13217 164TH ST CTE
PUYALLUP WA 98374

4) ☑ **Member or** ☐ **Manager**(Name&Address)
BEVERLY CORL
311 E SPINOSA DR
MERIDIAN ID 83646

5) ☐ **Member or** ☑ **Manager** (Name&Address)
BARBARA WAGNER
13217 164TH ST CTE
PUYALLUP WA 98374

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature Barbara Wagner **7) Printed Name** Barbara Wagner

8) Date 10/22/24 **9) Phone Number** 253 370 4249

Make check payable to "Corporation Division" and mail to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection. ANRPF1-10/22/24