## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004671

Entity Name: GARVER ENGINEERS, LLC

**Current Principal Place of Business:** 

4701 NORTHSHORE DR LITTLE ROCK. AR 72118

**Current Mailing Address:** 

4701 NORTHSORE DR. LITTLE ROCK, AR 72118

FEI Number: 01-0733400 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Feb 09, 2021

Secretary of State

7799894756CC

Authorized Person(s) Detail:

TitlePRESIDENT, CEOTitleVP, TREASURERNameHOSKINS, BROCKNameHOLDER, JERRY D

Address 2049 E JOYCE BLVD STE 400 Address 4701 NORTHSHORE DR.

City-State-Zip: FAYETTEVILLE AR 72703 City-State-Zip: NORTH LITTLE ROCK AR 72118

Title VP Title VP

Name SOBER, JEFFREY L Name MCILLWAIN, FRANK O

Address 3010 GAYLORD PARKWAY STE 190 Address 3010 GAYLORD PKWY STE 190

City-State-Zip: FRISCO TX 75034 City-State-Zip: FRISCO TX 75034

Title SENIOR VICE PRESIDENT, Title COO, SR. VP

SECRETARY Name GRAVES, MICHEAL

Name GRIFFIN, MICHAEL J Address 1016 24TH AVE NW
Address 4701 NORTHSHORE DR City-State-Zip: NORMAN OK 73069

City-State-Zip: LITTLE ROCK AR 72118

Title VP

Name SCHNIERS, BRENT
Address 10015 EAST 51ST ST
City-State-Zip: TULSA OK 74146

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: BROCK E. HOSKINS

LICENSE ADMINISTRATOR 02/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date