2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000001912

Entity Name: H.B. RENTALS, L.C., L.L.C.

Current Principal Place of Business:

5813 HIGHWAY 90 EAST BROUSSARD, LA 70518

Current Mailing Address:

C/O LEGAL DEPARTMENT 1001 LOUISIANA STREET, SUITE 2900 HOUSTON, TX 77002 US

FEI Number: 72-1307291

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED Apr 14, 2021 Secretary of State 2327579053CC

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Authorized Person(s) Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	VINSON, BARRY	Name	OVERTON, JEAN PAUL P.	
Address	1001 LOUISIANA STREET, SUITE 2900	Address	1001 LOUISIANA STREET, SUITE 2900	
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	HOUSTON TX 77002	
Title	ASST. SECRETARY	Title	DIRECTOR	
Name	HILLEGONDS, JENNIFER J	Name	MASTERS, WILLIAM B.	
Address	1001 LOUISIANA STREET, SUITE 2900	Address	1001 LOUISIANA STREET, SUITE 2900	
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	HOUSTON TX 77002	
Title	DIRECTOR	Title	VP	
Name	BERNARD, ALAN P.	Name	BERNARD, ALAN P.	
Address	1001 LOUISIANA STREET, SUITE 2900	Address	1001 LOUISIANA STREET, SUITE 2900	
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	HOUSTON TX 77002	

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: JENNIFER J. HILLEGONDS

ASSISTANT SECRETARY 04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date