

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011259

**Entity Name:** APTIM CONSTRUCTORS LLC

**Current Principal Place of Business:**

1200 BRICKYARD LANE  
SUITE 202  
BATON ROUGE, LA 70802

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**5886126226CC**

**Current Mailing Address:**

ATTN: MELISSA HARRELL  
1200 BRICKYARD LANE STE. 202  
BATON ROUGE, LA 70802 US

**FEI Number: 85-3502534**

**Certificate of Status Desired: Yes**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 MBR  
Name APTIM ENVIRONMENTAL & INFRASTRU  
Address 1200 BRICKYARD LANE SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title AUTHORIZED MEMBER  
Name TIYA SERVICES, LLC  
Address 345 HIGHLANDIA DRIVE STE. B  
City-State-Zip: BATON ROUGE LA 70809

Title MANAGER  
Name DEANE, WILLIAM JR.  
Address 1200 BRICKYARD LANE SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title MANAGER  
Name HU, BEN  
Address 345 HIGHLANDIA DRIVE STE. B  
City-State-Zip: BATON ROUGE LA 70809

Title MANAGER  
Name HUYBRECHTS, RALPH  
Address 345 HIGHLANDIA DRIVE STE. B  
City-State-Zip: BATON ROUGE LA 70809

Title MANAGER  
Name KHANNA, PRASHANT  
Address 1200 BRICKYARD LANE SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title MANAGER  
Name LOWE, BRADLEY  
Address 1200 BRICKYARD LANE SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title TREASURER  
Name LOWE, BRADLEY  
Address 1200 BRICKYARD LANE SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

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*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: WADE BASS** \_\_\_\_\_

**SECRETARY**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title SECRETARY

Name BASS, WADE

Address 1200 BRICKYARD LANE  
SUITE 202

City-State-Zip: BATON ROUGE LA 70802