2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400000637

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Mar 22, 2007 8:00 am Secretary of State 03-22-2007 90175 010 ****55.00

Entity Name AMERWEST BUILDING COMPANY, LLC							
Principal Place of Business 700 CROWN INDUSTRIAL CT SUITE E		Mailing Address 700 CROWN INDUSTRIAL CT SUITE E					
	LD, MO 63005	CHESTERFIELD, MO 630	005		 		
2. Principal Place of Business - No P.O. Box # 19 Kassebaum Lanc Suite, Apt. #, etc.		3. Mailing Address P. O. Box 274 Suite, Apt, # etc.					
				03052007		CR2E083 (12/06)	
St. haws, MO		City & State O' Fallon, MO		4. FEI Numb 20-038	-	<u> </u>	oplied For ot Applicable
Zip 3129 Country		21p 3366 Country			5. Certificate of Status Desired \$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New Regi	stered Agent	
METZGER, JOHN T ESQ				tdross /B O Box Num	nor in Not Accomtable)		
REID,METZGER & BERNHARDT P.A. 250 AUSTRALIAN AVE SO STE. 700			3110017	MCDONCLIA HOPKINS, Co., PA			
WEST PAI	LM BEACH, FL 33401		<u>505</u>		yler Drive	Swife 3	300
			City U	Uest Pali	lest Palm Beach FL zip c33340/		
	 named entity submits this statement for tions of registered agent. 	r the purpose of changing its re	egistered office or	registered agent, or b	oth, in the State of Florida	a. I am familiar with,	and accept
į ine obligai	nous or registeren agent.						
SIGNATURE							
].	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	are required when reinstating)	<u> </u>	DATE	
SIGNATURE		and title if applicable. (NOTE:	Registered Agent signatu	ire required when reinstating)		DATE heck payable to epartment of State	
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signatu	are required when reinstating)		heck payable to epartment of State	e
SIGNATURE FI D 9. TITLE	Signature, typed or printed name of registered agent Illing Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.	ire required when reinstating)	Florida De	heck payable to epartment of State	e Addition
SIGNATURE FI D 9. TIILE NAME	Signature, typed or printed name of registered agent Illing Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM BRASWELL, DAVID	HS/MANAGERS	10. TITLE NAME	ire required when reinstating)	Florida De	heck payable to epartment of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Dan May Field
SIGNATURE AND TYPED OR PRINTEDMAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Detete

☐ Change

☐ Addition