


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90145 037 ****50.00

DOCUMENT # M06000005706	
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1. Entity Name
HBH ENGINEERS, L.L.C.

Principal Place of Business
1136 E. ST. LOUIS ST.
SPRINGFIELD, MO 65806

Mailing Address
1136 E. ST. LOUIS ST.
SPRINGFIELD, MO 65806

2. Principal Place of Business - No P.O. Box #

1715 S. Kansas Ave.

Suite, Apt. #, etc.

3. Mailing Address

1715 S. Kansas Ave.

Suite, Apt. #, etc.

City & State
Springfield, MO

Zip
65807

Country
USA

City & State
Springfield, MO

Zip
65807

Country
USA

01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-1915635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32304-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HAMME, RONALD
1136 E. ST. LOUIS ST.
SPRINGFIELD, MO 65806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BODEEN, DAVID
1136 E. ST. LOUIS ST.
SPRINGFIELD, MO 65806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HAMILTON, TIMOTHY
1136 E. ST. LOUIS ST.
SPRINGFIELD, MO 65806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1715 S. Kansas Ave.
Springfield, MO 65807

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-19-07 417-459-4570