

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 FEB 22 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000007349 1. Entity Name GEOTECHNICAL AND MATERIALS ENGINEERS, LLC					
Principal Place of Business 500 MARYVILLE HIGHWAY, BLDG 1, SUITE B SEYMOUR, TN 37865			Mailing Address 500 MARYVILLE HIGHWAY, BLDG 1, SUITE B SEYMOUR, TN 37865		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02172008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4030497				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32301			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					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUCKABA, DENNIS A II 500 MARYVILLE HIGHWAY, BLDG 1, SUITE B SEYMOUR, TN 37865		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000119932190 03/11/08--01011--001 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONDAY, LLOYD 500 MARYVILLE HIGHWAY, BLDG 1, SUITE B SEYMOUR, TN 37865		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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: _____		DENNIS HUCKABA		2/1/08 865.573-6130	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	